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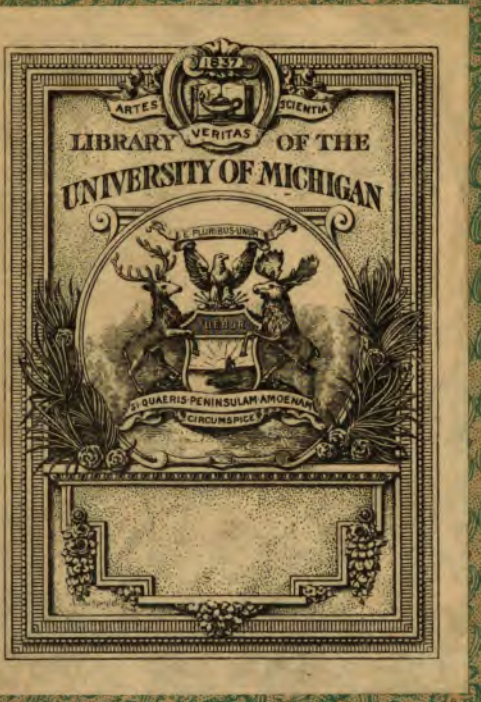

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MATERNITY:

A Popular Treatise

FOR

YOUNG WIVES AND MOTHERS.

BY

TULLIO SUZZARA VERDI, A.M., M.D.,
OF WASHINGTON, D. C.,
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TO

MRS. HENRY D. COOKE,

PATIENT AND SENSIBLE DURING SICKNESS; INEXHAUSTIBLE IN LOVE;
UNWEARIED IN SOUND TEACHINGS; EVER SPREADING AROUND
A HALO WHICH MAKES HOME A PARADISE,—

TO THEE IS THIS BOOK INSCRIBED.

SHOULD ITS INFLUENCE BE LIKE THINE OWN, IT WILL BE A BOON
TO HUMANITY.

PREFACE.

WITHOUT offering an apology for my own method in the practice of medicine, in which I have a right to keep myself free from the shackles of intolerance and narrow-mindedness; without offering a scientific essay to prove that my views and practice are perfectly consistent with the "homœopathic law of cure," and with the principles of Physiology, Pathology, and Therapeutics, — I deem it due to my book, and to those who honor it with their confidence, to explain the system I have adopted for the relief of my patients; for out of the necessities and results of my own practical experience has the book grown.

First, My duty to my patient, I conceive to be, to cure or relieve him; never to sacrifice him to any pet theory I may have conceived. For that purpose, I endeavor to glean knowledge from the writings or reports of every man or woman experienced in Physic, although they may be devoted to systems of medical practice different from my own.

Second, As I know myself to be honest in my purpose, I so regard other practitioners whose integrity I have no reason to doubt; believing that their efforts and success in relieving the maladies of mankind by means before unknown to me, and even at variance with my own theory, are entitled to my consideration and respect.

Third, Since no man is infallible, and there is no system of Cure but what has failed in some cases, it is not for any to assume the position of a Nestor, whose wisdom is sufficient unto himself, and commit to the pillory of scorn or sarcasm all those who differ from him.

Fourth, The practice of Medicine is a boundless ocean, upon which navigation is not always safe, and on which the advice of an illiterate but practised sailor has oftentimes saved many a noble ship from sinking, to the surprise of learned captains.

Fifth, I have adopted the "Homœopathic law of cure," because experience has given me sufficient evidence of its efficiency, and of its superiority to other methods in *economizing the resources of the human system*. By accepting this mode of cure, I do not mean to convey the idea that other modes are false, inefficient, or always baneful; nor that I would discard with a whiff the results of a thousand years of labor.

Sixth, As every created thing is governed by immutable laws, it appeals to my reason that there should be *a law* of cure, and that *Homœopathy* is the only system

that claims to be based on an immutable law, — "like cures like." Other systems of therapeutics being only a conglomeration of experiments made on dumb animals or on diseased bodies, the results of which vary so often as to bring professors into frequent variance and contradiction, I find myself constantly confirmed in my reliance upon the Homœopathic law of cure, by seeing that the practitioners who believe that this law is as immutable as the law of disease are ruled into constant agreement in the treatment of disease by the inherent and cohesive force of that law; thus avoiding those dangerous and humiliating disagreements between physicians, who in the same case, agreeing as to its nature, without the guidance of this law, often advise treatments in discordance and even in antagonism with each other.

Nevertheless, I condemn intolerance and bigotry in schools of Medicine as I do in men. While the Allopath often overdrugs his patient with large doses, and scorns the small doses, lest they smack of Homœopathy, some Homœopaths often forbid the application of cold water to a heated brow, lest it smack of Allopathy. Away with these narrow-minded bigots! The world would soon come to a stand-still under their guidance.

The Allopathic system of cure — if it can be called a system — is fallacious and unscientific, based on fallacious and contradictory theories; yet its professors, in their honest efforts to benefit mankind, have discovered many a drug that is reliable, and that fully responds to

all that is claimed for it. Such are some of their "specifics" and "adjuvants."

Homœopathic physicians need not decry specifics; for Homœopathy is a system of specifics *par excellence.* Quinine, for instance, is a specific. How it acts, what is the pathological or physiological process by which it breaks up a malarious intermittent fever, has been discussed ably by able men, without making their pupils much wiser than they were before. Still, quinine continues its healthful action in spite of this learned ignorance. Allopathic physicians may claim it as their own, and accuse a Homœopath of inconsistency when he makes use of it. Homœopathic physicians, on the other hand, may fear to use it, lest the dose acknowledged to cure be an acknowledgment of the defeat of their pet potencies. Still, as long as the former have no better claim to it than the dose, and as long as the latter have no remedies, which, in smaller doses, will replace that drug, I shall claim the privilege of using and advising it whenever I deem it needful.

By a "specific" is understood a remedy, which, "things being equal," will always cure a certain given case. Such a remedy, probably, does not exist; for there is no case in which things are all equal. Yet, when a remedy will cure a given case eight times out of ten, with things unequal, we may call it a *specific.* Quinine will cure acute malarious intermittent fever in eight cases out of ten; and there is no other remedy

nor any class of remedies that will do as much. It fails sometimes; and I have often cured intermittent fever with Homœopathic remedies, even in the very highest potencies, when quinine had not only failed, but aggravated the disease. The evil effects of an indiscriminate and inordinate use of it is no argument against it; and those Homœopathic physicians who have a horror of any thing larger than a decillionth of a grain should find some one remedy that in a high dilution would rival quinine in its prompt and efficacious influence. Then I, for one, would drop the quinine, and acknowledge their admirable discovery. As long as they give seventy remedies for general chilliness, sixty for general heat, and reckon two thousand symptoms in diverse combinations, the detailed following of which would take all one's time to treat one case, I must run the risk of their displeasure, and cure many cases of fever-and-ague by quinine with promptness and success.

What is said of quinine is applicable to all reliable specifics.

"Adjuvants" are a class of remedial agents which assist in the removal of disease, without having any specific action on the disease itself or the morbific agent that induces disease. An emetic is an adjuvant in a case of swallowed poison; a cathartic is an adjuvant in impaction of the intestines; chloroform is an adjuvant in surgery.

Some Homœopathic physicians ignore all this class of

remedial agents, and any thing, in fact, that is not an infinitesimal globule. They give a disapproving shrug of the shoulder when one of their colleagues makes use of them. The Allopathic physicians, on the other hand, pretend to believe that Homœopathy is what those extremists represent: hence they are always ready to accuse us of deception, and of practising on false pretences, whenever they find that a Homœopathic physician has ordered a poultice, a cathartic, or a bath. A cathartic will not cure constipation, if it does move the bowels · a poultice will not cure pleurisy, if it does relieve pain chloroform will not cut off a limb, if it does numb the sense, and the limb is off when the patient wakes. Therefore these adjuvants are alleviators, — assistants, if you please, — but have no specific, curative power *per se*, and therefore should not be classified in a system of cure any more than surgery or midwifery.

The same is the case with antidotes. Is it inconsistent with the Homœopathic law of cure to make a man eject a poison he has swallowed, or give him a drug that will induce a chemical re-action upon the matter swallowed, and render it inert? Or is it practising Allopathy to do so? It is neither. But if the system has been affected by the poison, and the coats of the stomach are inflamed in consequence, then we have a disease to treat; and a Homœopathic physician will treat it according to the law of *similia similibus curantur* instead of the law of *contraria contrariis curantur*.

To the Allopaths I say, It is high time to drop your intolerance and your egotism, and honestly investigate a system which is now practised by thousands of scientific medical men, and adopted by millions of thinking people; and, when you find any good in it, adopt it for the welfare of your patients, who have a right to demand it of you.

To the extreme Homœopath I say, Do not fall into the error that our great Hahnemann has so loudly disclaimed, — bigotry. Though Hahnemann worked Homœopathy into a science, he would not think of claiming that he discovered all that there is to know; and had he thought, that, in expounding and rendering practical his theory, he had shut the door to all progress and research, he would rather have been silent, and left us in the chaos or the Babel of the old school.

Homœopathy is not Hahnemannism, any more than electricity is Galvanism, Voltaism, Faradayism, Franklinism, or Morseism. He who styles himself "a Hahnemannist pure" is one who has the least claim to his honorable name.

This may seem an appeal rather to physicians than to the public. But I have reason to believe in the intelligence of the American people; and I wish to help in releasing many good Homœopathists from the bondage of error in which they stand; to give my reasons for claiming to practise by the Homœopathic law of cure, while making use of *specifics* which Homœopathic sci-

ence has not yet replaced, and of *adjuvants*, which, being not physiological but mechanical or chemical in their action, are, and always must remain, free to the use of all schools and all practices.

And, in thus giving reasons for my own practice, I hope to show intelligent laymen that true Homœopathy is not a cast-iron system, but a vigorous, living, growing, and fruit-bearing tree, whose useful existence, moreover, is not inconsistent with the flourishing of other plants in the same glorious field.

And it is especially to American mothers that I bring this little book; hoping and believing, that, containing as it does the conscientious results of many years' arduous practice, it may give them helpful counsel and advice in that holiest of their duties, — the bearing and rearing of children.

T. S. V.

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PROCREATION AND PRODUCTION.

PROCREATION AND PRODUCTION.

FERTILITY.

LOVE, stripped of its poetical sentiment, is among men, and, for what we know, among all generative things, an attribute of creation, to bear out the intent of the all-wise Creator. From love spring all the elements of virtue, the order and the well-being of an innumerable family that otherwise would decay from discordancy, laxity, non-adhesion, and segregation.

Reproduction is not sufficient, however. Unless it were healthy, it would not be conducive to the propagation of the species. The parent that transmits disease to his offspring, causing it to decay before its full development, is infringing upon God's law, and committing a moral crime.

The fertility of the human being is as essential to the plans of the Creator as the fertility of the soil to the labors of the husbandman. Fertility conveys not only the idea of quantity, but of quality as well. A field covered with the green blades of wheat is of no import to the husbandman, if the pod be diseased or empty: therefore, in the selection of the seed, the husbandman takes care that the healthy, well-grown grain be chosen.

Would that it were so in the human family! The rickety specimens of humanity that infest our streets and crowd our hospitals would not exist; the scrofula, the consumption,

that fill our early graves, would disappear; and man and woman, in the fulfilment of the most sublime conception of the Creator, would be beautiful.

Statisticians have collected facts in regard to this subject of human propagation that are not only interesting to a student, but instructive to all thoughtful persons.

Burdach, Quentelet, Collins, McIntosh, Sadler, Hecker, Milne, Malthus, Finlayson, Stark, Duncan, and other illustrious obstetricians and physiologists, have attempted, from records and experience, to obtain figures that enabled them to instruct the world in regard to the actual fertility and sterility of our race.

From the recent work of Prof. Duncan of Edinburgh, I cull some pertinent facts: —

Three-fifths of the human race are born of mothers below the age of thirty years; two-fifths, from that age upward and, strangely enough, the most prolific age in women is from fifteen to twenty.

Child-bearing is more fruitful during the second, third, and fourth year of married life, than during any others.

The age at which wives bear children has a direct influence on the development of their offspring.

First-born children are lighter in weight and smaller in size than subsequent ones; and comparative statistics show that the heaviest weight and largest size of a child are found in the offspring of women between the ages of twenty and thirty. Therefore, if size and weight indicate development and health, it would seem to reason against endowing primogeniture with property and titles, if that is done to secure success in the management of affairs in future generations.

The proportion of *twins* in the history of fertility is of *one to eighty deliveries;* while the largest number of twins is born of mothers from the age of twenty-five to thirty.

It is also a singular fact, that the number of twins increases in proportion to the number of pregnancies to which a woman has been subject.

Marriages at a *tender age* — viz., before a woman is perfectly developed, and capable of administering to all the wants of a child — are not only *less fertile*, but the children also, who are the fruit of them, *increase the rate of mortality.* The proportion of children who arrive at the age of maturity is greater in those who are the fruit of women from the age of twenty to twenty-five.

The mortality amongst married women is greater in those who marry from the age of fifteen to twenty than in those who marry from twenty to thirty-five. A want of proper growth and development is, without doubt, the cause of the greater proportion in the mortality of young women.

These condensed facts, obtained from the experience of men of great observation and analytical power, should not go unheeded by parents. The welfare of their daughters demands that the parents should not be guided by exceptional cases, but by the logic that these statements suggest. In observing this, they will avoid those sad errors that a lifetime of regret cannot correct.

STERILITY.

THE barrenness, or sterility, of married couples is one of the most prolific sources of domestic unhappiness. "Children are a heritage from the Lord; blessed is the man that hath his quiver full of them." This is the testimony of Holy Writ; and even from the ancient days when these words

were written, through all the life of the world, in palace or in hovel, the truth of it stands unimpeached. It becomes, then, of importance to look into the causes of sterility; for knowledge of them frequently assists in their removal.

Sterility is the inability of an individual to supply his or her share of the procreating element; but the word is generally applied to females who cannot conceive, whatever the cause may be.

Sterility among men, of normal conformation, is very rare, and can be caused only by an unnatural condition of the vital principle of the fecundating fluid. Constitutional diseases may so affect the generative organs in man as to render him sterile. And, although he may not be aware of his deficiency in reproductive power (for the cause may be remote, and not within the scope of his knowledge) still the fluid emanating from him may not contain the germ of fecundation; or, if it does, it may be in so unhealthy a state as to be inefficient in its operation. This condition may be brought on by syphilis, venereal excess, advanced age, or chronic maladies.

Among young married people, a very common cause of sterility is an excessive sexual indulgence. In such cases, a temporary separation is advisable. We know of many instances where this measure has been rewarded by successful consequences. A few sea-baths on the part of the husband during the separation, will be greatly conducive to the regaining of his manly vigor.

There is a time, also, when woman is said to be naturally sterile; and that is, after the ovum has escaped the womb, which generally happens about the twelfth day after menstruation. From this time to two or three days before the menses are due again, many physiologists maintain that woman is absolutely sterile.

Besides the above-mentioned period, it may also be stated that, as a rule, women do not generally conceive while nursing their infants.

Beyond these normal periods of temporary barrenness, however, sterility is quite frequent among women; and the causes are often obscure. The organic causes are: a closure of the uterine neck; imperfections in the conformation of the Fallopian tubes or ovaries; and strictures of the vagina itself. Physiologists have advanced other theories, such as the absence of voluptuous sensation at the approach of the conjugal relation, contrast of temperaments, &c.

This latter, which is called "the theory of frigidity," is untenable, from the fact that many women who have never experienced the slightest voluptuous sensation have conceived and given birth to a numerous family; that women have conceived when commerce was forced on them under the most repugnant circumstances, or even under the most complete lethargy.

The contrast of temperament — although very rarely — has sometimes been proven a true cause of sterility, by the fact that a man and a woman who never have had children while they cohabited together, each had children when separated, and married to another person.

Well-confirmed causes of sterility in woman are, also. prolapsus of the womb; obliquities that throw the mouth of the womb against the bladder or the rectum; ulcerations and inflammations of the neck of the womb; acrid purulent leucorrhœa; and tumors. These latter causes can be removed by proper treatment, for which only a physician of high respectability and professional eminence should be employed.

It may be remarked, generally, that women who have not borne children for many years need not despair, because there are many cases of wives who have conceived even after twenty years of perfect sterility.

Rest, and change of climate, are often productive of happy results, when there seems to be no apparent reason for sterility.

Dr. Duncan states, that the age when a woman is given in marriage affects the probability of offspring, as, indeed, we have seen in our glance at the statistics of procreation. Very early and late marriages show a great proportion of sterility.

If people would not transgress natural laws, they would have less occasion of blaming Providence for their own neglect.

THE WOMB,

AND ITS APPENDAGES.

THESE organs, being the all-important agents in receiving, fructifying, nourishing, quickening, ripening, and bringing forth to life and growth the seed of humanity, demand our special attention. We will give a description sufficiently detailed for the purposes of this book. The womb is a pear-shaped sac, situated in the cavity of the pelvis, between the urinary bladder and the rectum, or terminal portion of the large intestine. It is retained in its position by ligaments. Its upper end is directed forwards; its lower or open end, backwards, to about six inches from the entrance of the vagina.

The womb measures about three inches in length, two in breadth at its upper part, and an inch in thickness; and it weighs from an ounce to an ounce and a half.

The *fundus* is the upper extremity of the organ, enclosing the main cavity.

The *body* gradually narrows downward from the fundus to the neck.

The *neck*, or *cervix*, is the lower (rounded and constricted) portion of the womb; around its circumference is attached the upper end of the vagina.

At the lower or vaginal extremity of the womb is the *mouth*, called *os uteri* and *os tincæ*, which is bounded by two lips.

The *cavity of the womb*, when unoccupied by the growing child, is small in comparison with the organ.

Essentially, the womb is a thick, powerful, and elastic muscle, which can expand itself until it is thin as a sheet of paper. During *pregnancy*, it increases in size and weight. It dilates so as to be capable of retaining within its cavity a child weighing twelve pounds or more, the after-birth (weighing three or four pounds), and a pint or more of water. Often it contains twins, and two after-births.

Its power of contractility is so great, that, during the process of labor, it can expel all of its contents, and reduce itself to a size very little beyond its size before pregnancy, unaided by drugs, or by the accessory efforts of the mother.

On either side of the womb is a narrow, tubular passage, one end of which enters the womb, and the other, ending in fimbriated or fringed branches, is connected with one of the ovaries. These are called the *Fallopian tubes*, each being four inches in length: their office is to convey the ova from the ovaries to the cavity of the uterus.

The *ovaries* are elongated, oval-shaped bodies, situated one on each side of the womb. They are about an inch and a half in length, three-quarters of an inch in thickness, and weigh from an eighth to a quarter of an ounce. They contain the so-called Graafian vesicles, each of which vesicles holds an *ovum*, an egg. Each ovary contains from fifteen to thirty of these vesicles, which vary in size from a pin's head to a pea.

The *ovum*, or egg, is a small spherical body, situated near the centre of the immature vesicles, approaching, however, a point on the periphery as the vesicles mature. The ova measure from $\frac{1}{240}$ to $\frac{1}{120}$ of an inch in diameter.

It is necessary, in order that our future remarks may be clearly understood, to give also a brief definition of the various terms for displacements of the womb.

In *Anteversion* (literally, a turning or falling forward), the fundus is found pressing against the bladder, and the mouth against the rectum.

In *Retroversion* (a falling backward), the fundus of the womb presses against the rectum, its mouth against the bladder.

In *Prolapsus*, the womb sinks downward, and is found often far down in the vagina.

In *Anteflexion*, the womb is bent upon itself, and falls forward against the bladder.

In *Retroflexion*, it is bent upon itself, and falls backward against the rectum.

Inversion, which is very rare, is the falling-in of the fundus within the cavity.

OVULATION, MENSTRUATION, CONCEPTION.

We now enter upon the exploration of a field which we would gladly avoid, did we not feel it to be our duty to acquaint every woman, for her own welfare, with the process of those functions upon which are based the creation and procreation of mankind, as well as of the whole animal kingdom. It is the ignorance of these things, and the false modesty connected with them, that lead to so many fatal errors, to so many blighted hopes.

The Ovaries perform the highest functions in the process of procreation; indeed, we may say that procreation depends entirely upon the presence of the ovaries, and their func-

tional integrity. These organs originate and develop the *ova*, or *eggs*, one of which, as with fowls and birds, is always a necessity to the commencement of a new being. During childhood, the ovaries remain inactive, and are affected by no periodical season.

Puberty, or the era of fertility, commences, in woman, with a series of physiological processes in the ovaries, which prepare the female for the fulfilment of the law of procreation.

The time when the ovaries come to a life of activity differs in girls, according to climates, and personal constitutions and habits. Thus it is that warm climates, residence in cities, and the habits of reading romance or conversing on amorous subjects, together with a robust constitution, contribute to an early development of puberty; while a climate of low temperature, residence in the country where girls are more innocent, or constitutions of a feeble or of a lymphatic nature, allow this process to appear later.

It is equally true that those who so early usher in the period of ovarian evolutions and menstrual functions are more liable to disorders of menstruation, and to an early cessation of those functions, than those who, through living in purer atmospheres, morally or physically, attain a considerable development of the body and mental faculties before they enter into this second sphere of vital exuberance.

Collectively, girls arrive at puberty from the tenth to the eighteenth year of their life; but this period begins, in the great majority, from the twelfth to the fifteenth year.

At puberty, the ovaries awaken from a dormant state into a life of activity and production. The ovaries contain a conglomeration of vesicles, called *Graafian*, from their discoverer. Each of these vesicles contains the germ of an egg embedded in a fluid within the wall of the vesicle. For analogy, imagine the yelk of an egg surrounded by its

albumen (the white), with this difference only, that the yelk of the Graafian vesicle is so small as to be imperceptible to the naked eye. Each one of these Graafian vesicles successively grows, at its proper time, to maturity, and is then no larger than a small-sized pea. The apparent anomaly in the size of the human egg, as compared to the egg of a bird or fowl, is accounted for by the fact that the egg of the fowl must contain within itself the nourishment of the chick until this is ready to break down its prison, and carry off some of its wall on its back; while the human being develops itself into a being within the womb, and derives nourishment from the body of the mother.

Every four weeks, one of these eggs is matured (sometimes, though rarely, two or three), and by a process hereafter described finds its way into the womb.

Every four weeks, with few exceptions, a determination of blood to the ovaries, womb, and all the generative organs, takes place. This orgasm, or congestive state, is communicated to the Graafian vesicle, which swells into maturity bursts, and gives freedom to the egg. This process is called *ovulation*, or *generation of eggs.*

The Fallopian tubes, of which we have spoken as appendages to the womb, by a reflex or sympathetic action seize this egg, and convey it within their fold, on one or the other side. There it remains for some days. Physiologists disagree as to the length of time that the tube retains the egg; some stating it at two, some five, some even eight and ten days: some also say that it does not retain the egg at all, but conveys it directly into the womb, where it remains for a certain time, and, if not fecundated (or made fruitful), is passed out.

The temporary sojourn of the egg within the Fallopian tubes or within the womb has its important significance. It is alleged that it remains there to become fecundated by the *male principle.* If not fecundated within a certain

time, say ten or twelve days, it passes off; and, *from the time of its exit until the succession of another ovulation, the woman is considered not liable to conception.*

It is to be regretted, that, at the present state of physiological knowledge, the precise duration of the egg's sojourn cannot be ascertained. From two to fifteen days are the limits after which a woman is supposed not to be liable to conception; but even this rule has often been intruded upon, which renders the theory rather unreliable.

The fertilization of the egg often takes place two or three days before the expected menstrual flow, which is then interfered with and even suppressed by the very fact that conception has occurred. This proves that the process of ovulation may happen two or three days before the return of the menses, and that therefore the woman is liable to conception at that time. The process of ovulation and the exudation of the menses need not occur simultaneously.

During ovulation, we have already stated, there is a determination of blood to the ovaries, uterus, &c. This excess of blood seems necessary for the maturation of the egg, and to its final escape from the Graafian vesicle and the ovary. When this process is completed, the uterus, and other parts oppressed by this excess of blood, are relieved by an exudation of the superfluous matter from the womb: this it is which is called *menstruation*, or *monthly flow*. Should the ovum, however, become fecundated before menstruation takes place, that excess of blood would be needed for the formation of those membranes which are to envelop the fructified egg as it descends into the womb; and, consequently, menstruation would not take place, or, if it did, it would be but scanty. *Menstruation*, therefore, is totally dependent upon *ovulation*, and affected by *fecundation*. To prove this further, cases are given of women, who, although they had menstruated with perfect regularity, ceased menstruating from the moment that the ovaries had

been extirpated by certain surgical operations made necessary by disease. A corroboration of this statement is also the fact that females do not menstruate before ovulation begins, which time is denominated the period of puberty; and cease to menstruate when ovulation ceases, which period is called the *change of life.*

The *change of life* occurs generally between the ages of forty and fifty. This change, or termination of ovulation and of the capability of bearing children, is affected by the time when ovulation first commenced, by climate, and by the habits and constitution of the subject. Thus, the woman in whom ovulation had commenced at the age of ten would cease menstruating five years before the one in whom it commenced at fifteen. And women who are of prudent and healthy habits, of sound and robust constitution, may retain the power of ovulation longer than others, as is recorded of women who bore children at the advanced age of fifty-five and sixty.

In women whose ovaries have been extirpated, the most singular phenomena have been noticed to take place: they menstruate no longer, their breasts dwindle away, their delicate mould and features are lost, and a more sinewy and coarse expression of form and face appear; the soft, melodious voice of woman changes into a strong, harsh, masculine tone.

Menstruation, although a consequence of ovulation, is not necessary to conception; for it is known that women have borne children who never menstruated.

PREPARATIONS OF THE WOMB FOR THE RECEPTION OF THE NEW BEING.

The *vital principle of the male* having found access to the egg, through the tubes of the uterus, the egg has received its *fecundating element,* and is now to remain in that wonderful chamber, to grow, and develop into a human

being. Were the womb neutral in this process, the egg would fall out of it from its specific gravity; but the womb is not a neutral organ, and has a great part to play for the reception and maintenance of its guest.

While the egg progresses in its journey through the Fallopian tube towards the womb, that organ forms in its interior a membrane, which lines its wall, and closes the opening of its mouth: when the egg enters, it pushes this membrane before it, embedding itself within.

When the egg has not been fecundated, the womb spends no waste effort; the membrane is not developed to any extent: in fact, it remains so incomplete and delicate, that it passes off with the egg, unnoticed by the subject.

But when it has been fertilized, the womb assists in the completion of that membrane which is to retain the child within its fold, increases in size, and prepares itself to supply all the elements necessary to the growth and maintenance of the fœtus.

The monthly production of an ovum is a part of the proper action of the female system. Why she should be subject to this once a month, while the lion and the elephant are subject to it but once in three years, can only be answered by such questions as, Why do some roses bloom every month, and others only every six months, or once a year?

IS IT A SON, OR A DAUGHTER?

Different and many speculations have been advanced in regard to the knowledge of the sex of the child before its birth; some stating that it depends upon, whether the ovum descends from the right or the left ovary; some, whether conception takes place immediately before menstruation, or after. These speculations are purely the offspring of fervid imaginations, with no reliable statistics upon which to base their premises.

It is enough for a woman to know that she is with child. The sex of the unborn babe seems one of the mysteries ordained by that higher Being, who thinks it not wise to have man know all things.

PREGNANCY.

ITS SYMPTOMS.

Suppression of the Menses. The suppression of the menses is not a certain sign of pregnancy, although it is one of its most important concomitant symptoms. Exposure to cold or wet, a shock to the nervous system from fright or other causes, uterine congestion or structural disease of the womb, — any of these may cause suppression. There are instances in the history of pregnancy when women menstruated regularly through the whole period of utero-gestation (pregnancy); and it often occurs that women menstruate for the first two or three months. Baudelocque and Dewees mention cases when women menstruated only during pregnancy.

Enlargement and Shape of the Abdomen. The enlargement and shape of the abdomen is not always a sure indication of pregnancy, and certainly not during the first three months. At the end of the third month, however, some physicians believe that they can detect a flatness in the lower part of the abdomen, which is produced, partly by the intestines being pushed upwards and sideways, and partly by gaseous accumulations. The French have so much confidence in this change, that they have adopted the adage, *En ventre plat, enfant il y a.* During the first month, the process of gestation causes more blood

to flow to the uterine region; and the womb, in adapting itself to the new condition, causes a sympathetic irritation of the alimentary canal, which induces formation of gases that render the abdomen more tense and full: but this soon disappears, leaving the abdomen more natural, apparently destroying often the sanguine hopes of the would-be mother.

Gases are often a concomitant symptom of pregnancy. In some cases, they are so troublesome as to suddenly collect in the abdomen; and cause such distention as to throw the patient into spasms.

After the third month, the abdomen acquires a very perceptible prominence, which gradually increases and rises, until it fills up the whole abdominal region.

The increase and modification of the abdomen is not in itself a sure sign of pregnancy; for some women, after marriage, become very fat; others are so constructed as to show very little increase; while others show it very soon and plainly. Women having a large frame and large pelvis would show very little abdominal prominence; but little women with small pelvis, or women having the lower part of the spine much curved forward, would show a great deal. This is to be borne in mind in judging of the advancement of pregnancy when there are no data to go by.

Although a gradual increase of the abdomen is a strong indication of pregnancy, there are often diseases that simulate it. Dropsy may be present; tumors may be growing in the abdomen. These exceptional cases do not often interfere, however, with the diagnosis.

Additional Signs. A woman oftentimes cannot tell whether she is pregnant or not until the fourth or fifth month; when *quickening* occurs, and there is no more room for doubt. There are, however, rational or sympathetic symptoms accompanying the suppression of the menses, strongly indicating that pregnancy exists. A month or

two after conception, the *mammæ* (or breasts) enlarge, and often become the seat of slight pains and pricking sensations; the nipples also enlarge, become tumid and darker; the areola, or ring around the nipples, spreads in circumference, and assumes a darker color, in brunettes becoming almost black. The little follicles, or pimples, also become more prominent and darker, and the veins more blue. These symptoms and changes, however, often occur from sympathy with a diseased womb. And some women state that they experience them before and during every menstruation.

The *presence of milk* in the mammæ is an additional sign, although old women and young girls have been found with milk in their breasts.

Morning sickness — nausea or actual vomiting on rising from bed — is another rational sign. The term is misapplied, however; for the sickness may come on after every meal, or at any time during the day or night. Many are fortunate enough to escape this distressing symptom entirely; others are subject to it during the first two or three months and the last; others are afflicted by it through the whole period, becoming thus much exhausted, and their life, in some instances, put in jeopardy. This symptom is so common, that it is sufficient, in some women, to pronounce pregnancy at its appearance. It generally lasts from six weeks to three months, when the patient experiences a great relief until the eighth month; then it often re-appears.

It is advanced, also, and it has been pretty thoroughly tested by *accoucheurs*, that a certain change in the urine of a pregnant woman takes place, which may add to the circumstantial evidences of pregnancy; and that is, the presence of a mucilaginous principle called *Kyestein*. This may be detected in the following manner: take half a pint of the urine of a woman supposed to be pregnant, passed early in the morning, before breakfast; put it in a glass

cylinder or a tumbler; cover it with paper, and let it rest in a safe place: after two days, a dense pellicle of fat-like matter will found on its surface, which will increase for two or three days longer, and then evolve a powerful odor of putrefying cheese.

For the sake of brevity, I will give here the recapitulation of the rational signs of pregnancy, according to Gazeaux.

First and Second Months.

Suppression of the menses (numerous exceptions).

Nausea, vomiting.

Slight flatness of the lower part of the abdomen.

Depression of the umbilical ring.

Swelling of the breasts, accompanied with sensations of pricking and tenderness.

Third and Fourth Months.

Suppression of the menses continued (a few exceptions).

Frequently continuance of the nausea, and sometimes vomiting.

Less depression of the umbilical ring.

Augmented swelling of the breasts, prominence of the nipples, and slight discoloration in the areolæ.

Kyestein in the urine.

Fifth and Sixth Months.

Sensation of quickening, motion in the abdomen.

Suppression of the menses continued (some rare exceptions).

Vomiting and nausea disappear (few exceptions).

Considerable development of the whole sub-umbilical region.

A convex, fluctuating, rounded abdominal protuberance, salient particularly in the middle line, and sometimes exhibiting the fetal inequalities.

The umbilical depression is almost completely effaced.

The discoloration in the areolæ is deeper, tubercles elevated.

Kyestein in the urine.

Seventh and Eighth Month.

Suppression of the menses continued (exceptions very rare).

Active movements of the fœtus (child).

Disorders of the stomach (rare).

The abdomen more voluminous.

Sometimes pouting of the umbilicus.

Numerous discolorations on the skin of the abdomen.

Sometimes a varicose and dropsical condition of the vulva and lower extremities.

Extended and deeper discoloration of the areolæ; breasts still larger, and nipples more prominent; sometimes flow of milk.

Kyestein in the urine.

First Fortnight of the Ninth Month.

The vomiting frequently re-appears.

The abdominal swelling has increased, rendering the skin very tense.

Difficulty of respiration.

All other symptoms increase in intensity.

Sometimes pain in the back, and other irregular pains.

Last Fortnight of the Ninth Month.

The vomiting often ceases.

The abdomen is fallen.

The respiration is easier.

Great difficulty in walking.

Frequent and ineffectual desire to urinate.

Hemorrhoids, augmentation of the varicose and dropsical state.

Pains in the loins.

QUICKENING

"Quickening" is the common term by which is generally meant the first cognizance that a mother takes of the child's moving. This first motion of the child must not, however, be understood to be the beginning of life, but simply the beginning of muscular action. The period in which it occurs varies; but, in the majority of cases, it dates from the eighteenth week of utero-gestation. The child may be felt earlier or later, stronger or weaker, probably according to its constitutional strength and the room it has to move in. I have seen cases where the mother prognosticated a strong, large child, from her feelings; while, to her great surprise, she gave birth to a small and puny infant. The great movement during pregnancy was due to an immense quantity of water in the sac, in which the child could float and move freely. Whenever the mother cannot give approximate data of conception, she may safely calculate the date of the end by adding four months and a half to the date of quickening. These peculiar movements at first often induce sensations of syncope, or fainting, which gradually disappear as the woman becomes accustomed to the cause.

The sensation of quickening does not remove all doubt as to the existence of pregnancy. Some women have not only felt this, but have even thought of having seen the movements of the child through the abdominal walls, and yet were not pregnant. Again: women have been found pregnant when they had not been conscious of any sensation of quickening. The movements of the child may be so slight as to be imperceptible to the mother.

DURATION OF PREGNANCY

Two hundred and eighty days is the general average, which may be divided into ten lunar months, or nine calendar months and ten days.

THE PROBABLE TIME OF DELIVERY, OR THE AGE OF THE CHILD IN THE WOMB.

This has already been alluded to in discussing the progressive signs. Pregnancy is generally dated from the last appearance of the menses. In this, however, physiologists have differed; probably from the fact that many women have been disappointed by this calculation: and this question cannot be settled as long as it is impossible to exactly tell when conception takes place.

The accepted theory is now, that an ovum descends into the womb immediately before or after every menstruation; that it remains there eight or ten days, exposed to fecundation; that, after this, it loses its vitality, and passes off, after which the female is not liable to conceive until the next operation of the ovaries. This theory has a great deal that is plausible, but has been found untenable in so many instances, that it is not to be relied on. An *accoucheur* of great renown and experience has given a hundred and fifty cases, in each of which he had noted the precise date of the last appearance of the menses. These cases, which will be found below, show the impossibility of making an exact calculation of the time of delivery from that date.

Five women	were	delivered	in	from	252	to	259	days.	37th	week
Sixteen	"	"	"	"	262	"	266	"	38th	"
Twenty-one women were delivered in from					267	"	273	"	39th	"
Forty-six	"	"	"	"	274	"	280	"	40th	"
Twenty-eight	"	"	"	"	281	"	287	"	41st	"
Eighteen	"	"	"	"	288	"	294	"	42d	"
Eleven	"	"	"	"	295	"	301	"	43d	"
Five	"	"	"	"	303	"	306	"	44th	"

It can be well understood, that if a woman conceives just before her menses are due, and the menses become suppressed in consequence, and nine months are counted from the time of the appearance of the last, the calculation will fall short four weeks; thus giving the false impression that the woman has been pregnant ten months before giving birth to the child.

ADVICE TO A WOMAN WITH CHILD.

First of all, be hopeful. There is not one case in a hundred in which life is imperilled; and there is no reason why you should be that one. Take your chances with the ninety-nine. Do not appeal to old women, or listen to their stories. If you have any apprehension, apply to your physician, who will assist you in case of need. Be moderate in every thing: shun balls, heated rooms, crowds, and excitement.

Avoid unpleasant sights, and do not listen to frightful stories: there are instances reported, which, although no physiologist can explain them, have created such an impression upon the mind of a woman carrying child, as to cause her to give birth to an infant bearing marks of these impressions. Still, these instances are very rare. Dr. William Hunter of London, in two thousand cases of labor, was accustomed to ask, as soon as the woman was delivered, whether she had been disappointed in any object of her longing, whether she had been surprised by any unusual shock; and, when answered in the affirmative, did not in *one* instance find the circumstances to coincide with marks on the child. Therefore, while I caution you against unpleasant impressions, I would by no means arouse in your mind any tendency to dwell on the fear of such an event.

Take daily exercise in the open air; do not lace; do not run; do not jump; do not drive unsafe horses; give up

dancing and riding; do not plunge into cold water. Many women in your condition will tell you they have done these things, and no harm befell them; still, do none of them. Sponging your body will answer for cleanliness, and a happy heart for the dancing and riding.

If you are weak, do not run for extolled tonics, for beer, or whiskey. Apply to your physician: he will discover the cause, and find the remedy.

Do not take medicines (purgatives, in particular) on your own or your friends' advice: your physician is the only person capable to prescribe for you. I have known an "innocent purgative" to be followed by frightful consequences.

In your diet, use nothing that induces constipation.

Remove from your chest, waist, and abdomen any article of clothing that exerts undue pressure.

Avoid all practices that increase nervous irritability, such as an immoderate use of coffee or tea; also, operations on the teeth.

Do not indulge in inordinate or morbid appetites. A woman in pregnancy may have unusual aversions or longings. It will do no harm to avoid what is repugnant to you; but it may be detrimental to your health to satisfy the longing for slate-pencil, chalk, or other deleterious substances which sometimes women in your condition crave.

But, above all, keep a cheerful mind; do not yield to grief, jealousy, hatred, discontent, or any perversion of disposition. It is true that your very condition makes you more sensitive and irritable; still, knowing this, control your feelings with all your moral strength.

Your husband should be aware, also, that this unusual nervous irritability is a physical consequence of your condition, and would therefore be more indulgent and patient, unless he is a brute.

If you believe that strong impressions upon the mother's mind may communicate themselves to the fœtus, producing

marks, deformity, etc., how much more you should believe that irritability, anger, repinings, spiritual disorders, may be impressed upon your child's moral and mental nature, rendering it weakly or nervous, passionate or morose, or in some sad way a reproduction of your own evil feelings! And, indeed, this is more frequently found to be the case than is the physical marking of a child by its mother's impressions.

FEARS OF DANGER IN BEARING CHILDREN.

These apprehensions, so common in pregnant women, are very seldom well founded. If a woman has no deformity of the spine or pelvis; if the distance from hip to hip indicates no unusual narrowness; if, as she stands, she sees that she is as well formed as the majority of women; and if she knows of no objective reasons herself,—she should conclude, without any further thought, that she is perfectly able to bear children. A deformity which would disable a woman from bearing children would be of such magnitude as could hardly escape her notice.

APPREHENSIONS OF DIFFICULT LABOR.

Experience does not show that a woman's first labor is necessarily a difficult one. It often occurs that her first labor is an easy and short one; while subsequent ones are more protracted and painful. It depends upon the condition of the soft parts of the woman at that period, whether more or less relaxed; and also upon the size of the child, which cannot be prognosticated.

The size of woman is never a hindrance in labor: small women bear large children with comparative ease.

MALADIES

DURING PREGNANCY.

The Creator never intended that pregnancy should be a source of disease; but ignorance, false modesty, fashion, previously-acquired diseases of the womb, errors of regimen and diet, a weak constitution, bad training in girlhood, often lay the foundations of serious troubles during pregnancy.

These diseases I will discuss separately, and suggest the means to avoid and to alleviate them. At the head of them stand

MENTAL DISORDERS.

Such are, *undefined fear of pending evil; anxiety about the future, and fear of dying;* many forebodings and gloom, even to despair.

These mental disturbances, although they may have no cause, are serious in the extreme. It is important to the mother's well-being, and to a happy termination of her labor, that these mental illusions should be conquered. Serious consequences have been produced by an over-wrought imagination. This dark phantom that hangs over the reason of the already burdened patient should be chased away by gentle reasoning and moral suasion.

Mothers, your God is a God of love, and would not threaten with danger her who is the mother of mankind. A special reason exists why the Great Father should extend his protecting hand over a woman who bears a human being in her womb. Fear and despondency is not gratitude or thanksgiving to Him who willed it that to bear a child

should be a gift to woman, who can love and protect her offspring with all the strength of her soul. In choosing Mary as the mother of his only-begotten Son, he did not surround her with impending dangers and with fear of death. Her heart beat with joy that she was to beget a child. Her prayers were thanksgivings for the great privilege. You are, as she was, a creature of your God. Away, then, with your gloomy thoughts! Rejoice that you are one of the elect! In a short time, a human being — flesh of your flesh, a creature of your God — will lie on your lap to ask from your lips the smile of a happy mother.

To you, husbands, I say, Reflect upon the manifold inconveniences and annoyances your wife must labor under while pregnant. The love which you gave her before the altar of God — double it now. Think of the suffering you are spared, which she must undergo to give you the delight of paternity. In doubling your attentions, in anticipating her desires, in calming her fears, in soothing her irritations, you do only your duty, though it should also be your highest pleasure. Do it cheerfully; let your devotion spring from a manly heart, — from the heart of a true husband. What was a molehill to your wife before must be a mountain now. Smooth her rugged path; shade her from the burning flame of mental agitation; encourage her, inspire her with hope; and when the time comes that she lies prostrate, her face beaming with happiness at the sounds of her first-born, thank God that you have been kind to her.

The hygiene in these cases is purely a moral one, and must be conducted by a careful and loving husband and affectionate relatives or friends. When forebodings and gloom pervade the mind of her who is to become a mother, reasoning may be in vain. In this case, her condition should not be totally ignored lest offence be given; but unknowingly to her, and apparently unaffected by her fears,

simple means may be employed to throw her off the gloomy path of her thoughts. The wife's tastes and predilections when in health being known, there are a hundred things that can be done to attract her from her sorrow of self into innocent distractions and pleasures. This must be done without an effort or an apparent purpose, else the object may be defeated by making her aware that care and kindness is induced by solicitude. Bring home a good book, a favorite fruit, or a mutual friend with whom you may enter into an innocent conspiracy for her good. Invite her to take a walk; and then do not rush her through an unfeeling crowd, but walk leisurely in a favorite place; call her attention to objects of interest, and even to trifles, that may have amused her before. Have some congenial friends at home; a game of whist, or any sort of innocent game, and moderate gayety a little surprise-party of dropping-in friends, — some genial, happy faces. If it be necessary, an innocent plot with your friends may be formed to get her out some evening to a social meeting, a lecture, a concert, a lively, pleasing drama. If the rooms or halls are too hot or crowded, you may show solicitude enough to take her home. Cheerful fireside, unstinted sacrifices, loving sympathy, will rob the mind of many a dark shadow. Change of scene; short, easy journeys to favorite cities or spots, is a source of pleasant and healthy excitement that will invigorate body and mind. Be never weary, and success and happiness will crown your noble efforts.

MEDICAL TREATMENT.

For a non-professional, it is difficult to nicely discriminate these symptoms, and I would therefore refer the patient to her physician. A few remedies may safely be tried, however, in case distance or other causes should make him inaccessible. The medicines are indicated, and, following them,

the symptoms of the child-bearing patient, for which experience has shown them to be adapted.

In order to a clear general understanding of the medicines, their influence, the modes of preparing (extract, solution, dilution, trituration, potency, etc.), the reader is referred to the article on that subject at the end of the book.

Cimicifuga. Great mental depression; melancholy; fear of dying; doubts the affection of her beloved ones; suspects they turn against her; wants to leave them; wants to leave the home she has loved; wants to be alone; is jealous, restless, and unreasonable; is apprehensive of the end; does not sleep well: when she sleeps, she is wakened by unpleasant dreams.

One drop in a little fine sugar every two or three hours.

Ignatia. Excessive desire to do things in haste; great tendency to start; irritation upon the slightest contradiction; inconstancy; impatience; irresoluteness; quarrelsomeness; intolerance of noise; taciturnity; brooding. The patient is sensitive and sad.

Same as the above.

Aconite. Lamenting apprehension of approaching death; presentiments; inconsolable anguish; lamentations and reproaches from trifling causes; great anxiety, attended by palpitation of the heart; increased heat of body and face and great weariness of the limbs.

Same as the above.

Hyosciamus. Jealousy; fear of being poisoned; talks a great deal; vertigo; dulness of feeling.

Same as the above.

Potency. From the 1st to the 3d decimal; or from the 12th to 30th centesimal.

DISORDERS OF THE STOMACH.

In connection with this subject, I have already mentioned *morning sickness* as a concomitant symptom of pregnancy. It is probably the most reliable sign. Some women have only to feel the return of this discomfort to declare themselves pregnant. Vomiting can, nevertheless, occur under different circumstances; yet when the tongue is clean, and free from all appearances indicating disease of the abdominal viscera, and the vomiting persistently and periodically returns on rising from bed; before, after, or during meals, at certain hours of day or night, — physicians accept it as a conclusive evidence of pregnancy.

It may appear immediately after conception; but it more frequently commences after the second or third week. It may continue for three or four months, — generally not beyond the third, — and sometimes it will not cease until quickening. It may continue irrepressibly through the whole period; but, generally, it only re-appears after the eighth month, and ceases when the enlargement descends in the abdomen, two weeks previous to confinement.

The frequency and intensity of the vomiting varies in different subjects, and often in the same. A woman may vomit only in the morning, before eating, — a sort of viscid, glassy mucus, which may be accompanied by some green bile, particularly if the straining is severe. Some vomit after eating, and then easily emit the ingesta. It happens, also, that vomiting is induced after a few mouthfuls of food; and the patient is able to return and finish her repast without inconvenience. There are distressing cases in which even the smell of food provokes vomiting. Again, the patient has nausea, and makes all the efforts of vomiting without being able to do so. In cases where the straining is very severe, the shock may be communicated to the lowe

part of the abdomen, causing distressing pain, which, however, gradually wears away in a few hours.

Physiologists and pathologists have endeavored to explain this phenomenon, but without success. There is no doubt that it is connected with the changes of the womb; for we often see vomiting in patients affected by a diseased womb, and there are many who vomit during the first days of every menstruation. They have endeavored, also, to trace these obscure sympathies; but never have been able to go beyond the fair supposition that the sympathy exists. Some pathologists — like Bennet — insist that the nausea is always connected with a diseased condition of the womb; but this is not often true, because thousands of women who vomit during pregnancy are without any disease whatsoever.

In the first months of pregnancy, the process of distending the rigid fibres of the uterus may cause a sympathetic action of the stomach; and this may account for the cessation, when, after a few weeks, the womb, adapting itself to the new process, becomes more elastic, and the dilatation easier. This would explain, also, cases of continued vomiting, where the womb may be unyielding, and the rigidity constant; and the inference would be, that, in cases where dilatation is easy from the beginning, there would be no vomiting at all.

During the later months, we may account for it by the fact that the swollen womb interferes with the locality of the stomach, pressing it upward. We know how easily we can be made sick by a slight pressure on the stomach. This would account for the relief obtained during the last two weeks, when the womb descends in the basin, preparatory to the expulsion of the fœtus, and yields the needed room to the stomach.

Nervous susceptibility may be greater in some than others. Constitutional disturbances, a reckless disregard of the laws of digestion, indulgence in obnoxious articles of

food, devotion to the baneful fashion of small waists, may greatly aggravate this distressing symptom.

The theory that the process of expansion is the cause of vomiting is the most reasonable to my mind: and the objections of Gazeaux, because some women have been afflicted by vomiting more during a second pregnancy than during a first one, are not sufficient to overcome its probability; since the rigidity of the womb may be different at different times, and vary according to constitutional or functional abnormalities during the period of non-pregnancy. In attempting to expand the mouth of the womb in dysmenorrhœa, I have been often arrested by the complaint that the operation produced nausea.

Even the *periodicity* of the vomiting is not sufficient reason to overcome these premises; for the womb is the organ of periodicity *par excellence.* Does not the womb give *periodical* pain during labor? Why is not its contraction continuous and final? If its contractions for the expulsion of the fœtus are periodical, why should not its dilatations in accommodating itself for its abode and growth be the same? The process of labor gives other evidence in favor of this theory. While the contractions of the fundus of the uterus, and the dilatation of its mouth, are going on to expel the fœtus, the patient often vomits freely. Again: a patient may increase her contracting pains by walking, by drinking a glass of water or a cup of tea. Thus we can appreciate this mutual reflex action of the stomach upon the womb, and, *vice versa,* the womb upon the stomach; a sympathy that may be excited from either end.

Irrepressible and long-continued vomiting, however, must be connected with some disorganization, maintaining a constant irritability of the womb; such as ulcerations, displacements, or congestion: or it may be due to an excessive sensibility of the nervous system. This vomiting may be very severe and intractable, particularly when no cause can be

ascertained. Premature labor has often been induced on the plea that the life of the patient is in danger; but this high-handed measure is sometimes distrusted by the fact that the most irrepressible vomiting has suddenly ceased without medical or surgical interference. A shock from sudden joy or fear, it has been recorded, has stopped the vomiting, never to re-appear. This would lead us to suppose, that, in those instances, it was a nervous disturbance suddenly changed by stronger impressions.

In *irrepressible vomiting*, however, the womb should be examined, and, if found diseased, proper medical or surgical treatment should be applied.

Simple vomiting may be borne with comparative comfort and patience: it will produce no disastrous effects on the patient, — nay, in some cases, it seems only to deplete the system, which is a natural treatment in plethora, against which we have no gainsay. Vomiting that requires medical treatment is rare; still, when a constant vomiting interferes with the functions of the stomach, and wears away the patient, medical assistance is absolutely required.

The apprehension that excessive vomiting may affect the well-being of the child in utero must be done away with; for there is not one instance recorded where it is proven that the child has thus been affected. God, in his loving and mysterious way, has taken care that the germ of mankind should be well protected.

REGIMEN.

A cheerful mind; avoidance of mental excitement (passion, anger, fear, &c.); exercise in the open air without fatigue; early hours to rest, and early rising. When the sickness overtakes you on rising from bed, try taking breakfast before rising. A few mouthfuls of pulverized ice, swallowed quickly, often relieve nausea. In distressing vomiting, ice applied to the pit of the stomach has given relief,

although it is a hazardous remedy. Champagne, in many instances, has relieved vomiting very promptly: I have prescribed it with success for nausea of jaundice and cholerine. A change of the usual hours of eating, the use of lemonade, Vichy-water, or a few teaspoonfuls of sherry-wine, brandy, ether, peppermint-water, or a watery solution of Calomba-root, have relieved cases.

Dr. Simpson recommends highly the **Salt of Cerium.** His favorite prescription is, *forty grains of oxalate of cerium*, three times a day.

DERANGEMENT OF APPETITE (*Apyrexia*)

The same sympathetic relation existing between the uterus and the stomach, which causes vomiting, will cause *want of appetite, water-brash, acidity, indigestion, aversion to food, flatulence*, and that capricious appetite for *chalk, slate, dirt*, and many things too absurd to mention. The appetite may also become excessive, indeed, voracious: in this latter instance, however, it indicates a diseased condition of the stomach. This appetite has sometimes been satisfied to an alarming extent on the vulgar supposition that, as the child derives nourishment from the mother, the mother should eat a great quantity to supply both. This error may cause serious trouble in women who have a strong tendency to plethora. It may give origin to dizziness, fulness, pressure in the head, indigestion, flatulence, spasms, piles. It increases the quantity of blood, overcharging the veins, which become fuller, causing swelling of the feet and limbs.

A good appetite should be satisfied; but a voracious one should be allayed by light food, taken often, in not very large quantities, and treated medically.

I have already mentioned *appetites for unusual* or *obnox-*

ious articles. As moral persuasion is almost always useless in these cases, care should be taken that the indulgence allowed may not seriously interfere with digestion and health. The importance that people attach to these longings is unfounded, and should not be gratified to any great extent.

It is true, that, in many cases where the stomach craves unwholsesome articles, they have been taken with impunity: still, prudence is a shield against accidents.

In *loss of appetite*, it is useless to force the patient to eat; then the most nourishing food should be concentrated in small quantities; such as beef-tea, calf's-foot jellies, eggs, cream, &c. A little wine may be useful; but medicated tonics should not be taken without the advice of the physician. Keep in the open air; take gentle exercise, walking particularly.

For *water-brash*: Vichy-water; one teaspoonful of charcoal; three or four grains of bismuth; but, particularly, water acidulated with a drop or two of nitric or sulphuric acid, or with the juice of lemon, has been found very useful.

Diet. "The diet should consist of wholesome articles, such as beef, mutton, lamb, fowl, game, &c. (either roasted or boiled, in preference to broiled and baked); and all salted, spiced, or smoked aliment ought to be taken sparingly, or not at all, if the stomach is delicate, as they generally derange it. The flesh of young animals — as veal, lamb, chicken, and certain kinds of fish — is less nutritious than the other articles mentioned, and is therefore considered lighter. Fatty food — as pork, duck, eel, butter, oil, &c. — generally disagrees with nervous, bilious, or dyspeptic persons, and those who suffer from indigestion, flatulency, and lowness of spirits, especially during pregnancy, when there already is more or less tendency to nausea and vomiting. Farinaceous food — such as bread, rice, potato, beans, peas, sago, arrowroot, tapioca, and salep — is highly nutritious, though

it may in some cases induce heartburn, flatulency, and indigestion. Mucilaginous aliments — as carrots, turnips, parsnips, cabbages, and asparagus — ought to be taken but sparingly by pregnant women, and those who suckle their infants; and then a little pepper should be used with them. Sweet food — as sugar, molasses, candies, dates, fruits, &c. — should be used in moderation. Finally, — as the stomach is irritable and delicate in most pregnant women during the first months, — it is highly necessary that their food should be both cut small, and then well masticated, to render it more fitted, and more easily acted upon by the stomach; and drink, too, should be used sparingly while eating; for, if the gastric juice be too much diluted, it cannot act upon the food in an efficient manner." — *Ryan.*

And, above all, I recommend that no ices should be taken on full stomach, as heat acts a very important part in digestion. Coffee and tea should be used moderately.

TREATMENT.

Ipecacuanha. *Nausea and effort to vomit;* aversion to food. *Vomiting of the ingesta, and of a large quantity of mucus.*

Nux Vomica. Sour taste in the mouth. *Milk seems to sour upon the stomach. Putrid or bitter taste in the mouth early in the morning.* Constant want of appetite. *Hunger; nevertheless, aversion to food.* After a meal, sick feeling, and as if the stomach was overloaded. *Pressure at the stomach.* Hiccough. *Frequent eructations.* Bitter or sour eructations. Heartburn. Nausea early *in the morning.* Nausea *at a meal.* Vomiting of sour-smelling mucus. *Constipation. For nervous bilious temperaments, — brunettes.**

* Dr. S. Swan of New York declares "Acidum Lactis 1m" to be an infallible specific in morning sickness.

Tabacum. Nausea, accompanied by *fainting* and *deadly paleness.*

Cuprum. Vomiting, attended with *cramps.*

Camphor. Vomiting, attended with *cold perspiration.*

Arsenicum. Vomiting *after eating and drinking,* accompanied by *great thirst and weakness.*

Pulsatilla. *For blondes,* and those of lymphatic temperament. Loss of appetite. Taste as of putrid meat in the mouth, with inclination to vomit. Bitter taste. *Nausea, induced by eating fat.* Eructations, tasting of the ingesta. Sour, bitter, bilious eructations. Repulsion to *food, fat particularly.*

Hydrocyanic Acid. Irrepressible vomiting. Four drops of the diluted preparation of the United-States Pharmacopœia in an ounce of water; one teaspoonful, when nauseated, every two or three hours.

Mercurius is particularly indicated when vomiting, loss of appetite, or desire for acids, with yellowish-coated tongue, is aggravated by a state of biliousness.

Dose and Administration. As a general thing, the 1st decimal preparations are preferable; but many distinguished homœopaths prefer high potencies, from the 12th to the 30th centesimal.

Camphor is more effective in *drop doses* of the tincture. Of the other remedies, five drops in a tumbler half full of water; one teaspoonful of which, before the vomiting generally occurs, or before meals, should be taken. For other

disorders of the stomach, the medicine should be taken two or three times a day, before meals, or during the occurrence of the symptoms.

Of the medicines prepared in powders, one or two grains, or as much as the size of a common pea, is a dose. Of the pellets, from five to eight.

Colomba has been used by allopaths as a sort of specific in morning sickness, but in fifteen to twenty grains per dose, before meals.

Creasote is highly extolled, particularly by the allopathic physicians. Five drops of the tincture in a tumbler half full of water; one teaspoonful every hour or two. It has been successfully taken in one-drop doses, on a little lump of sugar.

Sulphuric and **Nitric Acids** have been mentioned; so has *citric acid*, or lemonade, for *acidity of the stomach*. Even allopathic physicians have made the discovery that acids, and particularly vegetable acids, are more successful in curing acidity than *alkalies*, and think it strange.

Desires in particular.

For *food* and *acid drinks* .	**Arsenicum** . . .	(Pulte.)
" *beer*	**Nux Vomica** . . .	"
" *spirituous liquors* . .	**Arsenicum** or **Nux** .	"
" *chalk* and *lime*, or *earth*,	**Nitric Acid** or **Nux** .	"
" coal	**Cicuta**	"
" cold drinks	**Mercurius** or **Arsenicum**	"
" cold food	**Veratrum** . . .	"
" dainties	**China**	"
" milk	**Mercurius** . . .	"
" pickles	**Hepar**	"
" sugar	**Kali c.**	"

A Belladonna Plaster over the region of the womb often assists in relieving nausea. It should be taken off as soon as there appears an undue dilatation of the pupil of the eye.

CONSTIPATION

is a disorder that often accompanies pregnancy, and may be the source of many troublesome symptoms, and, in aggravated cases, a cause of dangerous irritation to the impregnated womb. Women who were never of costive habit before may become so now; and women who were subject to it before may become so much worse now as to be unable to have a healthful evacuation without the interference of some mechanical or medicinal means. This may be due, partly to the increased action of the womb, drawing, as it were, blood and nervous force from neighboring organs; partly to the mechanical pressure which the womb, in its enlarged condition, exerts upon the rectum; and, also, to the indolence which a woman in a state of pregnancy may indulge in, or to a deficiency of bile, which, in cases of hard vomiting, is pressed into and ejected from the stomach.

Whatever may be the cause, and whatever may have been her habits before, a pregnant woman should now pay particular attention that masses of fæces should not accumulate in her bowels. *Piles* would be almost a necessary consequence from pressure on the hemorrhoidal veins. Bearing-down pains, pains in the back, flatulence, colic, displacement of the womb, swelling of the veins of the legs (increasing the tendency to dropsy of the feet), headache, giddiness, sleeplessness, may follow. In women who easily miscarry, the undue pressure on the womb will increase the liability; and, during labor, fecal masses may expand the descending intestines and the rectum, so as to obstruct the exit of the child, or be expelled, during labor, by the powerful pressure

of the descending womb, to the great annoyance of the patient and attendants. A disregard of this costive condition has placed ladies in the most unpleasant and awkward predicaments, as well as in real danger. It has sometimes been known to produce inflammation of the bowels, so fatal in the puerperal period.

TREATMENT.

Appropriate diet, and regular exercise in the open air, is most important. To women thus affected, I would recommend especially not to eat chalk, or take magnesia as a laxative; for both have been known to become hardened, or have hardened some of the fæces, so that it became impossible to evacuate them without powerful drastics or mechanical means, to the great distress and danger of the patient.

The diet should not be of dry food: vegetable diet is preferable. The use of fruits, such as prunes, figs, roasted apples, oranges, &c., is beneficial, except in those cases where they produce flatulence. Brown bread, oat-meal porridge, and the use of olive-oil, in substance or as a condiment, are sometimes sufficient. A tumblerful of water before going to bed, or an orange before breakfast, has also produced good results.

For unusual constipation, produced by inactivity of the liver, or unaffected by gentle means, apply to your physician.

Beware of cathartics! While some are simple enough, others, such as aloes, caulophyllin, podophyllin, turpentine, and other irritating drastics, have caused abortion. Do not take a cathartic without the advice of a physician.

MEDICAL TREATMENT.

This is a stumbling-block even to homœopathy; for while the system of allopathy, with its cathartics, can cause almost immediate action of the bowels, but cannot cure constipation, homœopathy, on the contrary, can cure habitual consti-

pation, but cannot produce an immediate action of the bowels. Homœopathic physicians and patients, however, should not hesitate, in a case where the accumulation of fæces must be removed, to use the agents that will do it. They need not fear that, by so doing, they prove inconsistent with their accepted law of cure; because, in such a case, they pretend to make no cure, but simply to remove mechanical obstructions by mechanical means, if I may so call them. In cases where a thorough evacuation of the bowels becomes imperative, an injection of tepid water and soapsuds may be taken. If that is not sufficient, ten grains of *Fel-Bovinum* (ox-gall), dissolved in half a pint of water, and given as an injection, will remove large quantities of impacted hard fæces.

If the fæces have been allowed to accumulate in obstructing masses in the colon, or lower intestine, a tablespoonful of castor-oil will remove the difficulty. Then homœopathic treatment may be applied as a preventive of the occurrence.

Nux Vomica, Sulphur, Opium, Platina, Lycopodium, Alumina, &c., high and low potencies, have cured thousands of cases of constipation.

Nux Vomica is indicated in constipation from sedentary habits, abuse of coffee or liquors, and when the following symptoms are present: constipation as if from inactivity of the bowels, ineffectual urging to stool, difficult passage of large, hard fæces, *colic*, succeeded by discharge of dark-colored mucus, causing a smarting burning in the anal region; painful spasmodic stricture of the anus, with or without hemorrhoids (bloody piles); flatulence, and distention of the abdomen.

In chronic constipation, it may be alternated with **Sulphur,** morning and evening, in high potencies, say the 12th or 30th.

In acute cases, *three drops of the tincture of Nux Vomica* should be mixed in a tumbler half full of water, and *one teaspoonful* of it taken *before each meal, and before retiring.*

Opium. Frequent constipation of strong plethoric persons; retention of stool and urine; constipation, as if from paralysis of the intestines; costiveness for weeks, sometimes alternated with liquid, frothy stools.

Six globules of the 3d or the 30th, morning and evening.

Platina. Constipation, with straining and itching at the anus; shuddering over the whole body after every evacuation, accompanied by feeling of weakness in the abdomen, with contraction, bearing down, oppression at the stomach. — *Herring.*

Six globules of the 30th, morning and evening.

Lycopodium. Chronic constipation, for persons of bilious temperament, subject to indigestion and torpidity of the abdominal organs, and also for constipation arising from sedentary habits.

Two grains of the 1st decimal, before each meal.

Alumina. Constipation of long duration, causing colic, flatulence, vomiting; evacuations of hard stools with bearing-down and tenesmus, causing itching and burning at the anus.

Six globules of the 30th before meals.

Collinsonia. Constipation attended *particularly with piles,* flatulence, sluggish stool, distention of the abdomen, heat and itching at the anus.

Two grains of the 2d decimal trituration, three or four times a day.

DIARRHŒA.

This is often the sequence of constipation. The hardened fæces, that have for a long time obstructed the proper action of the intestines, finally cause an irritation of the mucous membrane, that produces a watery diarrhœa, even without unloading the bowels. Nervous irritation, induced by pregnancy, is also often a cause, as well as colds, defect in dress, and improper diet. In severe cases, the diarrhœa is induced by ulceration of the mucous membrane, caused by previous fecal accumulations, in which case the patient suffers from pain (a sensation of internal burning), the pulse quickens, the tongue becomes dry, the skin hot, and the appetite is lost. Thirst and emaciation, followed by vomiting, may supervene, placing the patient in a very precarious condition.

In cases where the diarrhœa is alternated by passages of hard, lumpy stools, indicating a mechanical irritation above by indurated fæces, *a teaspoonful of castor-oil* may be sufficient to remove the cause and the disease.

The diet should be the reverse of that recommended for constipation. Avoid acid fruits and coarse food and vegetables; live principally on rare meats, beef-tea, rice, arrow-root, tapioca, &c.

TREATMENT.

Mercurius Solubilis, or **Vivus.** In bilious diarrhœa attended by yellowish-coated tongue, bitter taste in the mouth, green or whitish passages.

Two grains of the 3d trituration, every two or three hours.

Collinsonia is used, as in constipation, particularly in cases of alternated diarrhœa and constipation attended with piles.

China. When the loose passages contain undigested food, and take place soon after meals, or at night. Weak digestion.

Six globules of the 3d, before each meal.

Arsenicum. For watery diarrhœa, attended with thirst.

Six globules of the 3d or 30th, after every evacuation.

Phosphoric Acid. Chronic diarrhœa, attended by painless and half-liquid passages; occasioned by general weakness, followed by emaciation.

One drop of the 1st dilution, after every evacuation.

Pulsatilla. Diarrhœa caused by fat meats or gravies. The stools are slimy, greenish, and watery; they may be preceded by colicky pains. The patient experiences shivering, and the evacuations occur principally at night.

Six globules 3d, every three hours.

Dulcamara. When the diarrhœa has been caused by a cold. The discharges are greenish or yellowish: they smell acid, and occur principally in the evening.

As Pulsatilla.

FLATULENCE, COLIC.

I place these in the same paragraph, because the former is, in a great majority of cases, the cause of the latter. They have both been mentioned in connection with constipation.

Wind-colic, as it is vulgarly termed, can be excessively troublesome and distressing. I have known a case where it would awaken the patient regularly, between eleven and twelve o'clock at night, and put her, in ten or fifteen minutes, into such distress, that she would throw herself about in perfect agony, from the distention of the abdomen,

and a pressure upon her lungs so that she could hardly breathe. On one occasion, it threw her into a violent convulsion in fifteen minutes from her awakening.

Weak digestion and constipation give rise to this malady. (See paragraph on "Constipation.")

The diet should be of the most digestible kind, and food well masticated. Acid fruits and vegetables are apt to produce or increase it, particularly uncooked apples, cabbages, onions, beans, &c. Eat moderately, rather often and little at a time, than a full meal rarely. *Eat nothing for three or four hours before going to bed.*

Domestic medicines — such as peppermint, ginger, aniseed — are often useful in assisting to expel the gas. Sometimes a tumblerful of warm water, taken internally, has caused an easy vomiting, and with it the emission of an incredible quantity of wind. When the wind seems lower in the abdomen, or rolling about, an injection of warm water has caused a slight movement of the bowels, which afforded a chance for the gas to escape.

For diet and medical treatment, see paragraph on "Constipation."

HEMORRHOIDS, OR PILES.

This is a very common disease, attending pregnant women, and, in fact, all people of sedentary and constipated habits. It has been already alluded to in the paragraph or "Constipation."

Piles are an enlargement of the hemorrhoidal veins of the rectum, constituting small tumors from the size of a pea to the size of a walnut. When the tumors are within the rectum, they are called *bleeding* or *internal piles*, which are the origin, sometimes, of profuse hemorrhage. Those without go by the name of *external* or *blind piles*, because they seldom bleed.

They are caused by pressure of the womb, or by distention of costive bowels, upon the veins of the rectum; preventing the return of the blood. The veins become varicose, and finally distend into separate and distinct tumors. These may be numerous, and may surround the whole circumference of the anus; closing it, and causing great pain and distress at each evacuation.

The bleeding or internal piles sometimes discharge blood at regular periodic intervals; again, they bleed so profusely as to prostrate the patient. These hemorrhages may be preceded by a sensation of weight and pain at the small of the back and loins, stinging and burning, swelling and fulness, with throbbing in the rectum.

When the piles protrude, they may become strangulated, causing severe suffering. In such cases, *they must be returned* as soon as possible, which can easily be done by taking them within four fingers united in a cone, and gently and gradually squeezing, and pressing them within. Then the patient should lie down, and endeavor to retain them. A pad of cotton cloth dipped in cold water, or even containing a small piece of ice, should be kept at the rectum. If the bowels are constipated, they should be moved by repeated enemas of warm water. In fact, the patient should not allow herself to have a costive movement at all. If there is much irritation and pain, it may be allayed by the application of a poultice of slippery-elm or marsh-mallow.

Daily enemas of cold water will cause contraction of the hemorrhoidal veins, and prevent the return of the piles. Walking or standing will aggravate them. The sitting on cane-bottomed chairs is beneficial; while the warmth of stuffed seats increases the liability to these troubles.

When the case is bad, it should be attended by a skilful physician.

The diet and regimen for Constipation holds good in Piles.

TREATMENT.

Nux and **Sulphur** alternately have been extolled for their efficacy in curing piles.

Hamamelis. Drop-doses, in a teaspoonful of water, should be given every fifteen or twenty minutes *when the piles bleed profusely:* when they bleed only a little, and at certain periods, the same dose may be taken every two or three hours. — *Dr. H. Okie.*

Aloes (2d trituration). Two grains every two or three hours will relieve piles with a constant bearing down, and when they hang out of the rectum with or without bleeding.

There are many other excellent remedies which cannot be mentioned in a volume like this, which is intended only for ordinary domestic guidance, and warning against the neglect of important symptoms. It is the province of the medical attendant to make the selection of appropriate remedies in complicated cases. Let it be remembered, however, that, as soon as a pile shows itself, it should be gently pressed into the rectum and retained; which may be done by simply keeping in a reclined position, with applications of cold water.

"**Æsculus Hippocastaneum,** in drop-doses of the tincture, may be tried by the non-professional. This is the horse-chestnut, — so much valued by some, that they actually carry it in their pocket as a preventive. Many people affirm that they never suffer from piles as long as they carry a horse-chestnut about them." — *Dr. Edwin M. Hale.*

This is a homœopathic dose with a vengeance.

SALIVATION (*Ptyalism*).

This symptom occasionally takes the place of the morning sickness. It sometimes appears almost at the commencement of pregnancy, and before the time for the expected menses to appear, previous to the fact of their suppression being known. If, following the suppression of the menses, the patient, in the morning, finds her mouth and throat filled with a tenacious mucus, or saliva, which, in being expelled, assumes a round shape (what in some countries they call "spitting English shillings" or "cotton"), she may rest assured that pregnancy exists. — *Tracy.*

TREATMENT.

Mercurius and **Iodine** are the most homœopathic remedies to this disease.

Six globules of the 30th dilution, three times a day. Take Merc. for three days; if not relieved, take Iodine.

Holding candied sugar or a little gum arabic constantly in the mouth will render it less distressing. — *Desormeaux.*

TOOTHACHE.

Of all neuralgias, toothache is the most common among pregnant women. It generally affects the lower jaw; sometimes on one side, sometimes on both. It commences during the first months of pregnancy, ceasing about the fourth or fifth month.

If a tooth is diseased from partial decay, or exposure of the nerve from a cavity, a dentist should be consulted. *Persons of nervous sensibility, or addicted to miscarriage, should not have teeth extracted during pregnancy;* for the apprehension of pain, and the shock received in the extraction, have sometimes caused abortion.

TREATMENT.

When toothache has been brought about by exposure to cold or wet, and it is accompanied by throbbing, which extends to the gum and the cheek, attended with some fever, **Aconite** should be taken.

Four drops of the tincture in twelve teaspoonfuls of water, one teaspoonful every hour.

Belladonna. In congestive and inflammatory toothaches, both in sound and decayed teeth, attended with great irritability of the nervous system, and pain of a *rending, digging,* and *piercing* character.

Four drops of 3d dilution to twelve teaspoonfuls of water, one teaspoonful every hour.

Mercurius sol. Is probably the most efficacious remedy in toothache, from a cold, and from no apparent cause. High dilutions have also proved successful.

One grain of the 2d, 3d, or 30th trituration every two hours.

Creasote. One drop of the oil, mixed in a bread-pill, may be applied to a cavity of a decayed tooth with benefit.

Pulsatilla. In females of lymphatic temperament with toothache, attended with chilliness, paleness of the face, congestion and pain in the head, suppression of the menses, menstrual cramps in the abdomen, aggravated by the warmth of the bed, in a warm room, or by warm food.

Nux Vomica. Nervous, bilious temperament; toothache aggravated in the morning by exposure to cold air, by cold drinks or food, by mental excitement or exercise.

Sepia is excellent in removing pain in the teeth of pregnant women, and in non-pregnant ones troubled with sup-

pression of the menses, accompanied by heat in the head, pain in the back, and affected by yellowish spots over the face, arms, or body.

Six globules of the 3d, every two or three hours, will be found to answer in the last three remedies.

LIVER-SPOTS.

Very often in pregnancy, and particularly in brunettes, brown, dingy stains appear on the cheeks and forehead, which greatly disfigure and annoy the patient. They are called liver-spots, on the supposition that they depend upon certain abnormalities of that organ; which is very doubtful, as we know them to appear about the body of persons who seem in a perfect state of health. This is rather an intractable disease.

TREATMENT.

Sepia seems to be the most efficient remedy. **Sulphur** **Lycopodium,** and **Arsenicum** may be tried, one after another.

Six globules of the 12th Sepia, Sulphur, or Arsenicum, three times a day, each, for two weeks, should be taken before changing. Lycopodium, one grain of the 2d or 3d trituration, three times a day.

JAUNDICE

This may occur, during the early months of pregnancy, from sympathy, and, during the latter months, from pressure of the womb obstructing the bile-duct: it may be caused also by a cold, congestion of the liver, or from mental emotions; such as chagrin.

Jaundice will produce constant nausea and *malaise* at the stomach, even when pregnancy does not exist: of course, it aggravates these symptoms when it does exist. The skin,

particularly of the temples, assumes a greenish-yellow hue, which is also quite perceptible in the white of the eye. This yellowness varies in degree from a hardly perceptible tinge to a perfect lemon color.

The fæces become of a light clayish color; and the urine becomes very dark,— dark enough, sometimes, to frighten the patient.

TREATMENT.

To allay the nausea and *malaise* at the stomach, there is nothing better than *Champagne*, taken in small draughts, several times a day.

Mercurius, sol. *Two-grain doses of the 3d should be taken three or four times a day*, until the fæces begin to assume the natural brown color.

Podophyllin should be taken in the same way, by patients who would object to *Mercurius*, or upon whom *Mercurius* fails.

If there is any complication, apply to your physician.

ITCHING (*Pruritus*)

This is often very distressing and very troublesome, not only to pregnant females, but to persons of all ages. It may be so severe as to deprive the sufferer of any sleep or rest. Sometimes it occurs without any appreciable cause; again, it is induced by the want of proper cleanliness. It may affect any part of the body; but, when it affects the private parts, it is perfectly intolerable. In pregnancy, it may be owing to some discharges from the vagina of an acrid nature: in this case, a daily washing of the vagina, even two and three times a day, with castile soap and water, is absolutely necessary. If that is not sufficient, a wash of

Borax, or an injection of **Ammoniated Water** (two teaspoonfuls of the aromatic spirit of ammonia in a tumblerful of water), may prove so.

These remedies may also be applied to any other part of the body. *Benzoic acid,* ten to twenty grains to half a pint of water, as an application, is also very efficient.

If the whole body feels itchy, an alkaline bath should be taken (five ounces of **Carbonate of Potash** in the entire bath).

Internally, Dr. Pulte considers **Conium** the most efficacious remedy. He advises to try this remedy before recurring to any other treatment.

Dr. Moffat, in twenty years' practice, has never needed any thing but **Creasote** for this trouble, internally taken.

COUGH.

Although cough may occur during the earlier or latter months of pregnancy, it is often suspended when it exists from affections of the lungs. In fact, the progress of consumption is often suspended during the whole period of pregnancy, and sometimes during lactation, although, I am sorry to say, it is generally re-assumed when those processes have terminated.

The symptomatic cough of pregnancy, however, is a nervous cough, unless induced by a fresh cold, and is spasmodic in its nature; thus causing short and teasing paroxysms, distressing to the patient.

TREATMENT.

Such paroxysms may be cut short by holding a piece of sugar, a gum-drop, or a *clove* in the mouth: the latter sometimes acts like a charm.

Conium. *Six globules of the* 3*d,* after each coughing-spell, has often proved successful in curing the tendency

Hyosciamus, in the same way, will allay the cough at night.

Drosera and **Cuprum,** in the same dose, have proved successful where the others failed.

SHORTNESS OF BREATH (*Dyspnœa*).

This difficulty is troublesome, but not dangerous; will occur particularly during the latter months of pregnancy, when the abdominal muscles are too distended to assist the muscles of the chest, and when the abdominal cavity is so filled as to give no extra room to the lungs for free expansion.

When it occurs in the beginning of pregnancy, it is generally a mere nervous sympathy with the womb; when it occurs in the middle of pregnancy, it may depend upon a plethoric state of the system, which should be attended to by the physician; and this is particularly the case, *when, at every motion, the breath is impeded, or the heart palpitates.*

Those liable to *asthma* should be able to distinguish the difference; for in that disease there is more or less mucus rattling in the chest at every expiration and inspiration. Moreover, the short breathing from pregnancy is always ameliorated by rest; while that from asthma is not.

TREATMENT.

Rest is important; the stomach should not be overloaded by hearty meals; eat often, and little at a time. Costiveness of the bowels should not be tolerated; for the patient wants all the interior room possible. The dress should be worn loose.

Medicine is useless, of course, when short breathing is produced simply by the mechanical pressure of the enlarged fetal tumor during the last two months.

In the earlier stages of pregnancy, this trouble may be relieved by **Ipecac,** *a drop of the tincture every two or three hours.*

Moschus or **Arsenicum (3d).** *Six globules every two or three hours* will relieve when *Ipecac* fails.

Aconite. When there is any tendency to congestion, which may be known by an increased pulse, flushing and heat of the face, heat about the body. *Six globules of the 3d every hour or two until relieved.*

Gelseminum. *Drop-doses* of the tincture, when there is palpitation, a sensation of weight or stricture at the heart increased pulse, heat, and flushing.

PAIN IN THE RIGHT SIDE

From the fifth to the eighth month, from sympathy and when the pressure of the extended womb reaches the region of the liver, a fulness and a state of congestion may occur which induce a deep-seated *pain* or *aching* on the right side, aggravated by motion, by coughing, or the taking of a long breath: it may be accompanied by a sensation of heat, and of a dull, heavy weight in the part affected.

At such times, exercise should be very moderate. The application of a mustard-poultice is useful when the pain is acute. A cold, wet bandage, put on when retiring, and well covered with flannel, will sometimes relieve this pain entirely. If the pain is connected with inflammation of the liver, which would be detected by the presence of fever, chilliness, and yellowish-coated tongue, a physician should be consulted.

TREATMENT.

Aconite and **Bryonia,** alternately, every two or three hours, from the 1st to the 3d potency.

Mercurius would be very useful, particularly when symptoms of biliousness are present.

Of the 3d trituration, one grain every three hours.

SPITTING OF BLOOD.

This is very rare; still, when it occurs in connection with consumption, it is sufficiently formidable to send for a physician immediately. It may occur, however, independently of this, from a simple congestion, due to the suppression of the usual menses. In this case, it may appear at the time that the menses would be due, and would not be dangerous to the patient: on the contrary, it would relieve the congestion. Let the patient retire to bed, and assume a semi-reclined position; put a cold, wet bandage around the chest, cover it well with flannel, and, when it gets very warm, renew it.

TREATMENT.

Aconite and **Hamamelis.** Six drops of the 1st dilution in a wineglass of water.

One teaspoonful alternately every hour until better.

Ipecac, in the same dose, may take the place of *Hamamelis,* if there is cough or rattling mucus in the chest.

PLETHORA AND ANÆMIA.

The first is commonly known as *full-bloodedness;* the second, *poverty of blood, chlorosis,* or *green sickness.* There is no subject which is so little understood by non-professionals as this. These common appellations do not convey a right conception of the condition of the blood.

The blood, sixteen or twenty pounds of which circulate in the human body, is composed of the following proximate principles: —

Fibrin.
Albumen, } In solution forming *serum.* { The whole, in solution, composing the *liquor sanguinis,* or the water of the blood.
Salts, }

Red corpuscles, which contain hematine and iron, suspended in the *liquor sanguinis,* and which give the red color.

The blood is therefore composed of *water, solids,* and *coloring matter.* The water, which is probably eight parts of the blood, holds in solution the solids; viz., the fibrin, albumen, and salts, which it conveys to the proper organs for the nutrition of the body: the red corpuscles flow with it even through its minutest capillaries, with the exception of the white ball of the eye; and it seems that their office is to oxygenate the blood.

The proportion of the water, solids, and red corpuscles, varies, and is affected by diet, regimen, and sickness. Thus persons who seem to have too much or too little blood are only affected by a change in the proportions of its constituents. A high-liver, using wines, may increase the red corpuscles so as to give him a full-blooded appearance; while a person who eats very little, or substances containing water in large proportion, or who is diseased, may increase the water in the blood disproportionately, and have a pale, greenish appearance.

It is a popular fallacy with women that a pregnant woman makes blood very fast in order to supply nutrition for two beings; that sometimes it is made so fast, that nothing short of venesection will save her from congestions, convulsions, miscarriage, &c.; and bleeding has thus become a practice of pregnant women, to the detriment of their health.

On this subject Gazeaux says, —

"It is now well proved that *the essential character of plethora is based upon a great increase in the proportion of the blood-corpuscles, as their diminution is the distinctive fact in anæmia.* And it is well known that diminution of the corpuscles, and increased proportion of water, are the essential characteristics of anæmia and chlorosis. In this respect, pregnant women may be strictly compared with those affected with chlorosis."

So that, although most authors have attributed the func-

tional disorders of pregnancy to plethora, on account of the peculiar physiognomy they present, the fact is, that, as has been said by Andral, who experimented largely in this matter, "the true cause of the symptoms is not to be judged of by their external character, but only by the changes in the blood. Now, the analysis of the blood of a large number of females who complained of these supposed plethoric symptoms has shown a marked diminution of corpuscles, and an increase of serum."

We know that chlorotic girls — girls, who, from some unappreciated reason, have never menstruated; who, in consequence of the diminution of the red corpuscles, become so pale and greenish as to give their disease the vulgar name of "green sickness" — have symptoms very similar to those that occur in pregnancy. Their appetite becomes capricious, their tastes whimsical; they long for pickles, slate-pencils, clay, &c.; they, too, are subject to vertigo, sudden heat in the face, fainting, &c.

No one would think of bleeding a chlorotic girl; for it is known, that, while the vessels empty themselves of red blood, they refill themselves with water by absorption. This would establish an anæmic condition which Gazeaux calls "serous plethora," increasing the headache, vertigo, palpitation of the heart, ringing in the ears, &c. It is, therefore, necessary to change, not the amount, but the character and quality, of the blood. "Hence," says Gazeaux, "an animal diet, and preparations of iron, should be as useful againts the functional disorders of pregnancy as against those of chlorosis." And he adds, "Only in cases where plethora habitually existed before, and was shown by abundant and high-colored menstrual discharges, or by frequent bleeding at the nose, would he (the physician) bleed when plethoric symptoms are present in pregnancy."

These facts must be borne in mind by women who consider themselves good subjects for blood-letting. The

homœopaths can obviate all this difficulty, as they have a knowledge of the disease-producing qualities of their remedies to go by. And, in this view, it is quite important to distinguish the two varieties of plethora; for the regimen and diet should change accordingly. On this point, we quote again the sagacious Gazeaux: "Females of full-blooded habit, as it is called, subject to congestive headaches, throbbing, and sensation of enlargement of the head, congestion of the eyes, heat in the head, red suffusion of the face, nose-bleed, bleeding piles, profuse red menstruation, and who are now (i.e., in pregnancy) affected with fulness and hardness of pulse, with a feeling of heaviness in the head, with somnolence, vertigo, ringing in the ears, sudden flushes of the face, may conclude that they are affected with a plethora requiring *diminution* of food, abstinence from meat, cold ablutions, perfect regularity of the bowels, total abstinence from alcoholic drinks, and daily exercise. Females who are generally pale, whose menstruation is rather scanty and watery; who, during pregnancy, suffer from vertigo, somnolence, and ringing in the ears; but who have no full, hard pulse (pulse very compressible), and are inclined to bloated face, swelling of the hands and feet, even though they have flushes of the face, — *should eat meat generously*, take a glass of red wine now and then, and plenty of exercise in the open air."

TREATMENT FOR PLETHORA.

Gelseminum. *One drop of the tincture every two hours,* when there is feverishness, throbbing of the arteries, heat of the face and body, full pulse; *bouncing palpitation of the heart; intermittent pulsation of the heart; oppression of the heart and chest.*

Aconite. Fever; violent dry heat; *burning dryness of the skin;* alternate paleness and redness of the face; great

nervousness, restlessness, tossing; pulse hard, frequent, and accelerated; vertigo, particularly on raising the head.

Belladonna. *Violent congestive headache; throbbing at the temples;* pain in the forehead, obliging the patient to close her eyes; tension and pressure in the head; feeling as if the brain were larger; motion increases the pain violently; stitches in the head; when stooping, the blood rushes to the head; violent redness and heat in the face; dark red face; *redness of the eyes; pain in the orbits* (one sees double); dulness of the head; stupefaction.

Aconite and *Belladonna* may be taken separately or alternately. *Six globules of the 3d every hour. Of the solution, six drops of the 3d in a wineglass of water; one teaspoonful every hour until relieved.*

If not relieved within twelve hours, send for your physician.

TREATMENT FOR SEROUS PLETHORA.

China. Heaviness of the head, vertigo, *dizziness*, somnolence, headache, compressive headache, *paleness of the face, puffiness, weakness, laziness, singing in the ears.*

Arsenicum. Vertigo; weight in the head, with humming in the ears; beating pain in the head, with nausea in attempting to rise from the bed. Pale, death-colored face; yellow, livid; *bloated; swelling of the lips, hands, or feet; great thirst; prostration; urine scanty.*

To be prepared as Aconite, but to be taken separately, and only every two or three hours.

Ferrum. Two grains of the 1st trituration every two hours, when the patient is in *an anæmic* state. *Pale greenish*

face and eyes. Pass great quantities of pale urine. *Want of appetite;* aversion to meat. *Pale bluish nails, pale hands, weakness, pale tongue.* Vertigo, dizziness, trembling. Sluggish bowels. *Coldness of the extremities.*

PALPITATION OF THE HEART.

Women, and particularly weakly ones, and those of nervous temperaments, are liable to palpitation (see paragraph on "Plethora") when in a state of pregnancy.

The exciting causes are mental agitation, sudden starts, disordered stomach and bowels, errors in diet, and the motion of the child. The drinking of large quantities of coffee or green tea will also predispose the woman to palpitation.

The attacks may come on while awake or while asleep, suddenly or gradually. When the heart beats violently, it produces a queer choking sensation in the throat, and makes one feel almost sick at the stomach: the cold perspiration may sometimes be felt all over. The excessive beating may even shake the body. The action of the heart at such times is generally regular, although excessive, and rarely intermits. Giddiness, dimness of vision, heat and pressure in the head, stupefaction, may accompany an attack.

This will soon subside if the patient takes a recumbent position. Smelling salts of ammonia, or taking a teaspoonful of brandy or whiskey, is useful.

Although extremely distressing, palpitation of the heart is hardly ever dangerous. The cause should be inquired into. If induced by indigestion, flatulency, sour stomach, &c., the diet should be attended to; so with the bowels, if constipation is present. So much has been said already about the diet in constipation and indigestion, under their respective heads, that it is useless to repeat.

TREATMENT.

Cactus Grandiflora. In palpitation, *particularly from plethora, pressure* at the heart, sensation of *fulness* at the heart, *dull, aching pain* around it, suffocative feelings; this remedy continued three times a day will stop the tendency to palpitation and pain from plethora.

Five drops of the 3d dilution to a tumbler half full of water, one teaspoonful each time.

Nux Vom. Will relieve palpitation from dyspepsia, with fulness at the stomach, flatulency, nasty-tasting tongue, white-coated tongue, constipation.

Ignatia. Palpitation from nervousness, from fright, distress of mind, and from hysteria.

A drop of **Spirits of Camphor** on a lump of sugar will quickly relieve palpitation with tendency to fainting.

For further treatment, see "Plethora."

FAINTING.

This is not an unusual occurrence among women during the first month of pregnancy. Many females take it as a sign of pregnancy, even before the suppression of the menses. At the period of quickening, however, it is quite common; probably owing to a sympathetic nervous irritation from the movements of the child. A cause of fainting, during pregnancy, is tight dressing, and oppressive, confined air. It is common to see women leave theatres and churches in a fainting condition. Nervous and delicate females are easily overtaken by fainting. It is generally a disorder that should create no alarm, unless it is connected with disease of the heart; in which case, it is sufficiently serious to call in medical assistance. During the

later months of pregnancy, it is regarded with some apprehension, on account of unpleasant anticipations after delivery. During pregnancy, it is apt to frighten the attendants; but the alarm is groundless, as it will not interfere with the process of parturition, nor expose the patient to any danger.

Fainting may be regarded with suspicion immediately after delivery, if there is hemorrhage, or the discharges are entirely stopped. In that case, the cavity of the uterus should be examined, lest a clot of blood hides an internal hemorrhage. In this case, however, the fainting is prolonged, the face is ashy pale, the lips bluish, there is a fulness in the abdomen, attended by a sensation of weight.

TREATMENT.

The first thing to be done in fainting is to lay the patient flat on the bed, with the head even with the body; loosen the dresses around the chest; allow plenty of air; sprinkle cold water on the face; and, if at hand, apply to the nostrils salts of ammonia or camphor, cologne, vinegar, &c. This is generally sufficient to restore the patient. If, after fainting, there is a great sensation of weakness, a little wine, brandy, or whiskey may be administered.

If fainting is from fright or nervousness, **Ignatia** is the remedy; if from oppressive air or tight dressing, it is sufficient to remove the cause; if it comes from constitutional or functional disturbance, apply to your physician; if due to weakness, plethora, or anæmia, see paragraph on these disorders.

Vomiting may occur in recovering from faintness: do not interfere, it relieves. If the patient falls asleep soon after, let her alone: she will awaken much refreshed.

For continued fainting-fits, give **Camphor,** *one drop of the spirit in a little water every ten minutes,* and send for the physician.

VERTIGO AND DIZZINESS.

(See paragraphs on "Anæmia," "Plethora," and "Fainting")

HEADACHE.

Next to disturbance of the stomach, *headache* is considered the most common complaint of pregnant women; and we are safe in saying the most common complaint amongst men, women, and children.

Headache is a disorder that has been treated more scientifically and more successfully by the homœopathic than by any other system of medicine ever applied.

Marcy, Hunt, Pulte, and others have treated this subject so thoroughly in their works, that I shall cull from them very deliberately, and without limit. In taking this liberty, I hope I give them the credit they deserve.

CONGESTIVE HEADACHE.

The pregnant female liable to this form of headache should peruse the paragraph on "Plethora" in connection with the following.

This headache comes from determination of blood to the head; and persons who make use of spirituous liquors, who lead a sedentary and studious life, who indulge freely at the table; persons of much mental application, of sanguine nervous temperament, — are addicted to it.

The symptoms are: great throbbing of the arteries, pressure in the head, giddiness in stooping; head aches mostly over the eyes; the eyes feel big and painful, they cannot bear the light; the face is flushed; great heat in the head, particularly on the top; motion aggravates the symptoms, the brain feels as if it would fall out; cold feels grateful.

It may be brought on by mental excitement, mental

labor, close application, errors in diet, exposure to cold, fatigue, suppression of the menses, &c.

TREATMENT.

Apply cloths wet in cold water, and renew them as soon as they get warm; hot bricks to the feet, particularly if they are cold: in severe cases, a mustard-poultice to the back of the neck. Vomiting relieves.

Gelseminum, Aconite, and **Belladonna.** (See "Plethora.")

Pulsatilla. The pain is dull and oppressive *on one side only. Very efficient in females whose menses are sup pressed,* particularly in phlegmatic, blonde girls.

Of the 3d or 30th, six globules every hour.

Glonoine. The character of the headache is throbbing, pressing, and fulness of the arteries; a sensation of a *tight band* around the head. The *arteries throb;* the pulse is *full* and rapid; sometimes palpitation of the heart, nausea, and vomiting; the nausea does not commence with the headache, it seems to follow it. *Dizziness,* sensation of balancing, confusion of the senses from intense pain. The pain is cutting, jerking, *pressing from below upwards.* The patient is wild with pain, and, as soon as relieved, goes into a deep sleep. The eyes are *hot, injected,* painful: *sparks* and *flashes of light appear* before them.

Ipecac may be alternated with any of the above remedies if nausea or vomiting is persistent.

One drop of the 3d, every hour, until vomiting subsides.

Nux Vom. Alone, or in alternation with one of the above remedies, if the headache has been induced by *constipation* or *gastric irritation,* from over-eating, or eating late at night, also if *brought on by drinking.*

Six globules of the 3d or 30th every two hours.

Ignatia. Like Nux, if the headache has been induced by mental excitement or nervousness, *anger* or *grief*.

China. If the headache is from weakness, loss of blood, and is *periodical* (see "Anæmia").

The Diet should be light and farinaceous, except in case of loss of blood (see "Anæmia").

Those subject to congestive headaches should rise early, take open-air exercise, cold shower-baths, and be moderate in their occupation, eating, and drinking.

HEADACHE FROM CONSTIPATION, OR GASTRIC DERANGEMENT.

In this headache, the tongue is furred, the taste is bad, the appetite is lost; nay, the thought of food causes nausea, malaise at the stomach, nausea and vomiting: the bowels may be constipated.

It is unnecessary to say that it is induced by errors in diet, late eating, eating in a hurry, eating food that usually disagrees, &c.

TREATMENT.

If the headache comes on soon after eating, free vomiting will give great relief. This may be effected by drinking a tumblerful of warm water with a teaspoonful of mustard dissolved in it.

Nux Vomica is the chief medical remedy in this headache (see *Nux*, also, in congestive headache).

Pulsatilla. Shivering with thirst; *pain only on one side*, with little determination of the blood to the head; for females of a mild, quiet temperament, who weep easily, and are easily agitated; particularly if the headache is brought

on by *fat food*, or irregularity of the menses. *Dose.* As in congestive headache.

Bryonia. The head feels as if pressed together on both sides; and, on stooping, as if every thing would fall out of it; the nose bleeds; the eyes water and burn; stitches in the head; rheumatic pains; constipation; particularly if brought on by a cold. *Dose.* As Pulsatilla.

Opium. *Habitual constipation;* rush of blood to the head; *stupor;* thirst, mouth dry.
Six globules of the 30*th three times a day.*

Sepia. *Habitual headache in nervous women,* with *leucorrhœa,* or derangement of the menstrual functions; cannot bear the light; *sick-headache. Dose.* As Opium.

Ignatia. Headache produced by mental agitation.

SICK-HEADACHE.

A distressing form of the malady, occurring most frequently in literary or professional men, and in delicate but intellectual females. It occurs most frequently in persons between the age of puberty and forty or fifty years. Some are peculiarly subject to it for a long series of years; and many, though temporarily relieved by various modes of treatment, are never permanently cured. — *Marcy & Hunt.*

It is common for sick-headache to commence in the morning, on waking from a deep, unrefreshing sleep, after previous fatigue, mental excitement, or irregularity of diet. There is "disturbance of vision; dull and distressingly oppressive pain of the head, centring in one temple, most frequently the left; tenderness and fulness of the eye of the same side, extending across the forehead, and some-

times fixing itself over the inner corner of the eyebrow; painful sensibility to light; clammy and unpleasant taste in the mouth; chilliness of the skin; cold and moist hands and feet; pulse feeble; face pale." — *Wright.*

"After the pain in the head and about the eye has become severe, sickness at the stomach begins, and is increased by every movement, especially raising up; flatulence; retching; shuddering, and vomiting of the contents of the stomach, or of a thin glairy fluid of an acrid sour taste. Some of these attacks last six or twelve hours; again, one, two, or three days." — *Marcy & Hunt.*

"It is distinguished from neuralgia by the predominance of the gastric symptoms. It has none of the strict periodicity which belongs to the intermittent neuralgic disease of the head and eye." — *Hartmann.* It is distinguished from dyspeptic headache, by being more severe.

TREATMENT.

Sanguinaria often cures this form of headache when accompanied by persistent nausea, *redness of the tongue, burning sensation* in the throat, chest, and stomach, *bitter eructations, yellowness of the face and eyes,* loathing of food and drinks. — *Marcy & Hunt.*

Glonoine. (See "Congestive Headache.")

Iris Versicolor. Nervous sick-headache, particularly of the *right* side, *aggravated by rest,* and on moving the head, but *relieved by continued motion.* Headache with *bitter taste, nausea, and vomiting of bile;* fulness of the head; head feels hot; shooting pains in the *right* temple and from the teeth; stupid, stunning headache several mornings in succession, with *copious limpid urine.* It is particularly indicated where the nausea and vomiting predominate.

Ferrum Aceticum (*1st trituration*). Two grains morning and evening, for a long time, has cured obstinate cases. — *Marcy & Hunt.*

Nitric Acid and **Ferrum** on alternate weeks has now and then cured severe cases of this malady. — *Marcy & Hunt.*

Ipecac will relieve the *nausea.*

Spigelia. Great sensitiveness to *noise ;* pain confined to or worse on the *left side ; deep-seated pain in one eye* or both.

Six globules of the 3d *every three hours.*

For a *cure* of this distressing and obstinate malady, a physician should be consulted.

NEURALGIA IN THE HEAD, NERVOUS HEADACHE HEMICRANIA, MEGRIM.

This malady, which is called by so many names, is a true neuralgia, and one of the most painful and intractable diseases. The distinguishing feature of this headache is, that the pain is severest *in some spot* about the head, according to the nerve that is affected. It may be on one temple or the other, on the top of the head, on the cheek, on the bridge of the nose, but seldom on two places at the same time; although it will pass from one place to another. The pain is of that acute, boring kind, to distract the patient. It has a periodical tendency, generally commencing at sunrise, and stopping at sunset. The patient will press hard upon the spot, and throw herself about in despair. *Pressure often relieves.* As it continues, the patient becomes very sensitive to the light; and the slightest noise or jar will make her wild. Retching and vomiting sometimes follow, and give relief to the patient, particularly if she vomits bile. The pulse is not affected, and there is no ap-

pearance of congestion about the face. It is apt to recur periodically, — every week, two or three, or longer. It sometimes has premonitory symptoms: often it comes on suddenly. *Great quantity of colorless urine passes.*

TREATMENT.

Hot dry flannel around the head sometimes gives relief. If the feet are cold, put hot bricks to them. A handkerchief tied around the head tightly is grateful.

Aconite and **Belladonna** cover all the above-named symptoms. I have taken *three drops of the tincture of each*, and put them in *twelve teaspoonfuls* of the *same water*, and given one teaspoonful every hour, with great success.

Arsenicum. The symptoms in which this remedy has been found efficient are: aching, stunning, tearing pain; *patient sensitive to the open air;* she keeps in constant motion, and is relieved by outward warmth; feels exceedingly anguid, chilly, and sometimes bloated; *the pains are apt to recur* after dinner, and are worse at evening and night; particularly after chills and fever. This remedy can be taken regularly, twice a day, with view to a radical cure.

Six globules of the 3d or 30th.

Sepia. Is peculiarly indicated in hysterical females (see *Sepia*, under "Headache from Constipation," &c.), and is particularly indicated by *shooting pain* in the frontal bones, like flashes *from without inward*, reverberating through the brain; heat; tightness of the head, *painful to touch.*

Six globules of the 30th three times a day.

Ignatia. From over-excitement of the nervous system; pain particularly at *the root of the nose;* pain as if a nail were driven through the nose; patient feels *taciturn, dejected, nervous.*

Calcarea-Carbonica. In scrofulous patients, with little development, flabby muscles, and large glands. *Menses too early, or too profuse.*

Six globules of the 30th or 200th twice a day.

Spigelia. (See "Sick-headache.")

China. (See "Anæmia.")

Cyclamen. Periodical *semilateral* headache and face-ache for four years, appearing every week or fortnight, and lasting from twelve to thirty-six hours; worse at menstrual epoch. The skin, eyelids, lips, and gums were pale; body lean; skin dry and cool. Right eye spasmodically closed, discharging hot tears when opened. Dr. Eidherr of Vienna cured such a case with *Cyclamen*, 3d.

Veratrum Viride. *Five drops in a glass half full of water, one teaspoonful every two hours*, has cured many neuralgic headaches.

This neuralgic headache has sometimes been *effectually* cured by large doses of quinine; not in pregnant women, however.

HEADACHE FROM COLD OR CATARRH IN THE HEAD

Some feverishness is present, attended by fulness, heaviness, and pain over the eyes and nose. The nose is stopped up, or runs watery, acrid matter, that irritates the passages. The eyes are congested, and run water, sometimes hot. The patient sneezes, clears her nose, or snuffs air.

Aconite and **Nux Vom.**, alternately, sometimes are sufficient.

Mercurius, in place of *Nux*, is adopted in epidemic influenza attended with great sneezing, running at the nose,

with redness and excoriation; also with painful itching in the nose, chilliness, fever, pain in the limbs.

Arsenicum. Hot water running constantly from nose and eyes. Fever, thirst, weakness, loss of appetite.

Sulphur, from chronic catarrh.
Six globules of the 30th or 200th twice a day.

RHEUMATIC HEADACHE.

Bryonia or **Rhus** may be taken in alternation with one of the remedies indicated for neuralgia: the former, if the pain extend to the upper extremities; the latter, if to the lower.

In the selection of a remedy for headache, all the remedies given for the various headaches should be studied; for, although the headaches are classified, many of the symptoms are similar, and the remedy should be chosen that covers the greatest number of symptoms without regard to the class of headaches for which it is recommended.

SLEEPLESSNESS (*Insomnia*).

Pregnant women of nervous temperament are often kept awake night after night without apparent cause. This is produced by the slightest mental excitement, or by the motions of the child; again, by eating, or indulging in a cup of tea or coffee before retiring. Close confinement to one's room, and want of exercise, may also be the cause. This may be borne without inconvenience, provided the patient gets some few hours of sleep in the morning, and awakes refreshed. But, in some instances, the patient suffers severely; does not sleep a minute; becomes feverish, restless, and agitated; she loses her appetite, and becomes weak and

prostrated; her mind begins now to suffer; and she becomes fretful, whimsical, and even irrational.

The principal causes of this distressing disorder being pointed out, it will not be difficult for the patient to obviate them.

TREATMENT.

Coffea (3d). Provided the patient does not use coffee as article of diet, will be found efficient in wakefulness *without any desire to sleep.* Patient *wide-awake,* as it is commonly expressed. Has no particular feeling, *only has no inclination to sleep.*

Hyosciamus. *Drowsiness without sleep;* patient starts from her sleep, and cannot sleep again; she has bad dreams at times she sleeps very heavily; she talks in her sleep; she imagines something is in the room, and is afraid.

Ignatia. She is very nervous; she lies thinking about herself; broods over things; she trembles; she weeps or laughs alternately; she is restless in her sleep; her mind is fatigued in the morning.

The *dose* of these remedies, if in globules, *six every hour;* if in solution, *six drops to ten teaspoonfuls of water, one teaspoonful every hour.*

Nux Vom. (See "Constipation.")

Mesmerism, that is passing the hands gently over the patient's eyes downwards, sometimes is sufficient to quiet her nervous system, and put her to sleep.

If her head is hot, a dose of **Belladonna,** and a kerchief wet in cold water, tied around her head, may be sufficient. Bathing the feet at bedtime, drinking a glass of water, may assist her.

Listening to reading aloud, or to a long, tedious story, or fixing the eyes and mind on one object, often produces sleep.

ABORTION

SPONTANEOUS MISCARRIAGE.

Although physiologists have divided abortions into classes, according to the period of pregnancy, for the sake of theoretical speculation, there is but one to the woman bearing child. The loss of the fœtus (child) before its full time is to be called abortion, miscarriage, premature birth, or any other name chosen to designate that loss. *It involves the same fact, the same risk, morally and physically.* Classification may be of use to a physician; but it has no import to the woman, *except to deceive her.* From the moment she conceives, she is mother to the creature, and contracts towards it all the moral duties which devolve upon her during any period of its life within or without the womb.

CAUSES, AND THINGS TO BE AVOIDED.

Gazeaux divides the causes of abortion into classes, as follows: —

1. Those due to the father. Physiologists and pathologists disagree in regard to these; some maintaining that the father can, some that he cannot, be a cause of abortion. There is enough, however, in the experience of medical men, to *caution a diseased man from getting married.* The transmission of disease from the father to the child is of too frequent occurrence to need arguing.

The age of the father — his extreme youth or old age — has been supposed to be a predisposing cause of abortion, through an extremely attenuated power of life in the fœtus itself.

2. The general condition of the mother necessarily increases or decreases liability to abortion. Plethoric women addicted to profuse menstruations; very impressible, nervous

women, greatly excited by passion or mental disturbances women of sedentary habits, or those who indulge immoderately in the pleasures of society, dancing, late hours, tight lacing; women occupied at the sewing-machine, or who carry weights to strain their back, or who expose themselves to heated stoves in the kitchen, — are constantly exposed to this mishap.

Acute diseases, particularly *Small-Pox;* inflammation of the bowels; syphilis; Asiatic cholera; severe constipation; hemorrhage; diseases of the womb and ovaries; inflammation of the bladder, vagina, and rectum, — are all predisposing causes.

In periodical and habitual abortion, the cause may almost always be traced to some abnormality of the womb.

3. Some anomalous condition of the ovum itself may be the immediate cause of the abortion of early pregnancy.

4. Death of the fœtus *is inevitably followed by abortion The mother may transmit disease to the fœtus.* Children have been born with the small-pox, with intermittent or with yellow fever, after the mother had for some time recovered from it. An army officer and his wife had the yellow-fever in Texas: the husband died of it; the wife recovered. She returned to Washington, and, after a few weeks, gave birth to an infant, apparently healthy. Six weeks after, as the child gave sign of restlessness, the mother got up to comfort it; when, to her greatest horror, she recognized in the vomited ingesta of the child the fatal symptoms of yellow-fever. In twelve hours, the baby was dead. So, also, disease and death may take place in the child before it is born.

The signs of death of the fœtus are: *cessation of motion* after quickening (this sign is an unsafe one to rely upon, however; for the motion may have become so slight as to

be imperceptible to the mother); *the abdomen collapses; the breasts shrink;* the woman experiences a *sensation of weight in the loins,* which may change locality in moving to different positions; and *a pressure in the lower part of the abdomen.*

As a general rule, the retention of a dead infant, even for some time, does not produce disastrous results to the mother. In time, it passes off; and, if pregnancy is advanced, the breasts may swell with milk: but they soon subside, and the regular order of health becomes re-established.

5. Accidental Causes. *A leap from a carriage, running down stairs, missing a step, falls, excessive fatigue, too frequent coition, severe contusions,* may produce miscarriage. A blow on the abdomen may cause injury and death to the fœtus. The severe jar or jolting of a carriage, a sudden fright, *a fit of violent passion,* have often produced abortion.

Of the classifications of abortion, the consideration of *miscarriage* and *premature birth* is the only one that may be of use to the mother. *Miscarriage* is the term used for abortion of a child before the seventh month; because it is not *viable* (that is, liable to live): after that period, abortion is called *premature birth;* because the development of the child is such, that it can live out of its mother's womb.

Miscarriages happen oftener at the third month of pregnancy; but they occur often enough before and after. It is believed that at the third month it can occur with less danger to the mother; still, physicians know that the danger increases with the advancement of pregnancy. It is also said that the infant is more likely to live if born at the seventh than at the eighth month, although there is no physiological reason for it.

The womb is an organ of such periodical habits, that, *when*

miscarriage has happened once, it is apt to occur again, and at the same period of pregnancy.

The writer has attended a lady during seven miscariages; each of which occurred, in spite of care and treatment, on the accomplishment of the third month, to the very day. The patient was hardly over one miscarriage before she became pregnant again; thus depriving the womb of the rest and time necessary to recover from debility, and to enable it to carry its burdens for a much longer period. This fact illustrates the importance, for a woman addicted to miscarriage, of taking particular care of herself, and avoiding any exciting cause that may tend to disturb her womb at such periods; for, *if she goes beyond the limit of that time, she will probably be able to bear a child to its ful. term.*

The best mode to avert this periodical liability is for the woman to *remain on her back for two weeks before, and two weeks after, such period.*

Having given the causes of abortion, it is useless to suggest the means to avert it. Common sense would lead the woman to avoid what would endanger the life of her infant and her own life.

For causes over which the woman has no control, she should consult her physician.

When a woman has been subject to abortions, it is indispensable that she *should not become pregnant for a year or two* in order to give time to the womb to recover from its weakness.

Moderation in every thing should be her effort, to attain the dearest object of her life.

SYMPTOMS AND TREATMENT.

There are premonitory, and actual, symptoms of abortion.

The **Premonitory Symptoms,** which may occur several

days before the *actual* symptoms set in, are: alternate sensations of chilliness and heat, nausea, thirst, lassitude, palpitations, cold extremities, pallor, depression of spirit; the eyes look heavy and dull; sensation of sinking at the stomach; of *weight near the anus and vagina; pain in the loins, ineffectual desire to pass water; the breasts become soft and flaccid.*

These symptoms may occur singly or collectively, without indicating abortion; yet, when a woman has had miscarriages before, she should not disregard these warnings.

The **Actual Symptoms** are, regular *periodic pains with chills;* pains that start from the *back, and run down* the loins and the lower part of the abdomen; pains that cause *contraction of the womb,* and *bearing down.* During each pain, the abdomen *grows hard under the hand,* and *relaxes after the pain is gone;* a watery or bloody discharge *exudes from the vagina,* which is an indication that the membranes are detaching themselves from the womb.

When such symptoms occur, and when blood, however little, discharges from the vagina, even without any other symptoms, *it is imperative* that the patient should confine herself to her bed, maintain the most undisturbed quietude, morally and physically, and send for her physician.

A sudden vaginal flow of blood after a fall, a jar, a blow, or *a shock to the nervous system,* should be regarded as *perilous in the extreme;* and the physician should be summoned without a moment's delay.

During the first and second months of pregnancy, a sudden profuse flow of blood may carry off ovum and all, the patient recover from the shock soon, all the symptoms of pregnancy disappear, and the woman doubt even that she had been pregnant at all. After the second month, if a woman has a profuse loss of blood, and passes shreds or lumps of coagulated blood, she should *preserve them for the physician's*

examination, lest they do not contain the whole ovum and after-birth; part of these being retained in the womb, where they may eventually act as an irritant, and *produce constant hemorrhage.*

SYMPTOMS NOT DETERMINATE.

However, *abortion is really inevitable only when the fœtus has ceased to live,* or when the separation of the after-birth and membranes is so complete as to cut off all nourishment from the child. There are many instances recorded where the pains and bloody discharges seemed to make abortion inevitable; yet those symptoms ceased, and the child went to its full term, and was born healthy and strong.

Many of those symptoms may occur from diseases independent of pregnancy. Colic, diarrhœa, dysentery, will produce pains like labor-pains. Blood may ooze out of an ulcer located in the mouth of the womb: watery discharge may occur in certain forms of dropsies, &c.

The physician, however, should be the one to examine the case, and give his opinion.

DANGERS OF ABORTION.

It has already been said that the danger increases as pregnancy advances.

If the fœtus and after-birth have been expelled with but little hemorrhage at or after the occurrence, the mother may recover without any danger to herself; but, if some portions of the fœtus or after-birth are retained, they may either cause inflammation of the uterus, or pass off shortly afterwards in a putrified solution, unattended with any disturbance of the system, or go to the end of the term of pregnancy before being expelled.

In criminal abortion, however, when violent mechanical or medicinal means have been used to produce miscarriage

the injuries to the womb may be of such a nature as to produce inflammation, fever, and *death.* This we shall consider more at length hereafter.

TREATMENT.

In any and every case of threatened abortion, perfect rest and reclined position are absolutely necessary, sometimes for days, sometimes for months. The mind of the patient should be composed, and all interference on the part of the nurse or friends excluded. Let her lie in a horizontal but easy position, on a spring or hair mattress, if possible. If she is inclined to "flood," give her *cold* drinks, iced lemonade, iced tea; let her not move body or limbs. Give *no stimulating* or *hot* drinks. The coverings should be light and sufficient. The room, the house, in fact, should be quiet; no hammering or stamping allowed. No good or bad news should be brought to her that could cause her a shock. *Cheer her mind with hope.*

For abortion threatened by plethora (see "Plethora").

For abortion threatened by anæmia (see "Anæmia").

For abortion threatened by constipation (see "Constipation").

Ipecac. Ten drops of the tincture to a tumbler half full of water: one teaspoonful should be taken every hour or two upon *any show of blood.* If the discharge of blood is rather profuse, every half-hour, lengthening the intervals as the blood diminishes. The strength of *Ipecac* may be reduced to two or three drops to the same quantity of water, if the former produces nausea.

Secale. Five drops of the tincture to a tumbler half full of water: one teaspoonful every hour *for contracting and bearing-down pains;* and it may be taken in *alternation with Ipecac, if blood is discharged.*

Sabina. Prepared like Secale: should be taken in its place, in case the latter fails to remove the pains.

Arnica. Prepared like Secale: alone or in alternation with one of the above remedies, *if the casualty is produced by a fall or a blow.*

Ignatia. In place of *Arnica, if mental disturbance or nervousness from fear or fright* has produced the above symptoms.

If the pains become periodical, severe, constant, and *the womb becomes hard under the hand at every pain, and relaxes after every pain,* constituting, in fact, labor-pains, threatening immediate miscarriage, *twenty drops of Laudanum in a tablespoonful of starch-water should be injected in the rectum and retained.* If the pains do not stop in thirty minutes, give another of forty drops. Persons easily affected by opiates may commence with ten drops.

This prescription seems rather unhomœopathic, and I do not pretend that it is not so; but, in pains suddenly brought on by neuralgia of the womb or some nervous irritability, the paralyzing influence of the opium will stop the progress of those pains before they have brought on actual miscarriage.

FLOODING.

Profuse continuous flooding, imminently threatening the life of the mother on account of retained after-birth or other causes, may require immediate interference before the arrival of the medical man. In that case, the patient should take *ten drops of the tincture of Secale in a tablespoonful of water every five, ten, or fifteen minutes, until the discharge is so much diminished that the danger is averted.*

It is better that the mother should lose the child (if it is

not already born) by the contractions produced by the *Secale*, than she should die herself.

In case this is not sufficient, cloths wrung out in ice-water should be applied to the abdomen: if necessary, even pounded ice in a bag should be applied.

If the blood gushes out in streams, pieces of sponge, or strips of cloth, handkerchief, or napkin, wet with cold water medicated with *Hamamelis* (if *Hamamelis* is not at hand, *with vinegar*), should be thrust within the vagina, high up, filling it up entirely, and left until the proper medical assistance is obtained. Raise the hips of the woman higher than the body and limbs, and keep her perfectly still. If she faints, give her to smell some salts of ammonia, camphor, or aromatic water; but do not stimulate her with liquors, unless the pulse becomes unsteady and thread-like. Fainting generally assists in stopping hemorrhages.

Watch the patient, change the napkins every five minutes to ascertain the condition of things; keep the patient very quiet, and send for the nearest doctor.

CRIMINAL ABORTION.

THE PHYSICIAN AND THE PATIENT.

Society has established the custom, for the love of order and the good of all, that, in certain instances, it is dishonor for woman to bear a child. It is grievous that there is not more charity among men, particularly as they are all liable to err; it is grievous that woman, the more unfortunate of the two sexes, should have to bear the whole brunt of her neighbor's scorn; and it is grievous that woman should be the least inclined to extend the hand of sympathy to her fallen sister. These grievous wrongs give the strongest excuses that can be offered for daring to slay the unborn child. Still, the laws of God and the laws of man are explicit

against the inducement of abortion; and the duty of the physician is to save, not to kill.

Poverty, widowhood, desertion, nor any thing, in fact, is a reason to justify the avoidance of those laws. Charity is a godly gift, and should be practised by frail humanity; but sympathy has nothing to do with the violation of law. Towards God, enforced abortion is a sin; towards mankind, it is a crime.

We will look at the question, first in its moral, then in its legal aspect.

"God said, Let us make man in our image, after ou. likeness. So God created man in his *own* image, in the image of God created he him; male and female created he them. So God blessed them, and God said unto them. Be fruitful, and multiply, and replenish the earth."

As God created the first man, so he created all who followed. Who dares, then, to destroy the intent of God? And when does man become man? Is he man only at puberty, at his birth, during his fifth month of utero-gestation, or from the moment that the germ bursts its shell to come into the womb? Who can decide this? The intent of God is *from the beginning:* therefore he who destroys the germ destroys the intent of God. Think of man deliberately lifting his hand, saying, "That shall not be which God hath willed"!

When does life begin? Is it when the breath enters the child's lungs, or when the mother's blood enters his heart, or is it from the very moment, when, in obedience to the law of the great Creator, it is metamorphosed from inactive matter into a living mass, with an inherent power of growth? — for there is no broken link in that chain of life. See how continuous, how steady, is the process thus commenced. It advances in and out of the uterus, until it shows a creature perfected after the image of God; and until, at the age of twenty-five years, the work being complete, growth ceases, and the natural process of decay follows, bringing the body

to its threescore years and ten: and "dust returns to dust." Could any cunning interpretation change or divide this work of God?

He that plunges his hand into that hidden chamber, into that marvellous abode of God's creation; he that feels for its helpless inhabitant, and deliberately wrests it from its fastenings to its mother, to throw it out like corruption; he that gives drugs with this vile intent; he who uses the dumb instruments of his diabolical skill, with cold steel piercing the envelope of that being just entering upon its career of life, — is a murderer in the first degree, — a cowardly, infamous murderer. Let him look up and see the eye of God upon him while he destroys that which God has ordained.

All civilized nations have recognized the true nature of this crime, and have promulgated laws to bring the perpetrators to severe punishment. In some countries, and even in some of our States, they make the unwarrantable fetal distinction of *quick*, and *not quick:* in others, they make no such unphysiological distinction, and punish the mother not only, but all those who directly or indirectly connive at and abet the attempt or accomplishment of the act. The wife, the husband, the doctor, the apothecary, the nurse, are liable to imprisonment and fine, if accessory to abortion.

In Scotland, if a person gives a potion to produce abortion, and the woman dies in consequence, it is murder.

In Austria, the perpetrator of this crime is punishable by imprisonment not less than fifteen, not more than thirty years; and is subject to be condemned to hard labor on the public works. When the father is an accessory, his punishment is greater.

In this country, our legislatures are not behind the most civilized countries. Although they differ in the construction of their statutes against abortion, they all acknowledge the crime, and have promulgated laws for the punishment of direct and indirect offenders

The State of Indiana carries the palm in the construction of her statute against abortion. Like the English statute, that of Indiana punishes the *attempt at abortion*, without even requiring a *proof of pregnancy*.

The legislatures of the various States, however, should revise their statutes in regard to this crime, and insert the following recommendation of The Suffolk District Medical Society of Massachusetts: —

"Whoever, with intent to cause and procure the *miscarriage* of a woman, shall sell, give, or administer to her, prescribe for her, or advise or direct or cause or procure her to take, any medicine or drugs or substance whatever, with the like intent, unless the same shall have been necessary to preserve the life of such woman or of her unborn child, and shall have been so pronounced (in consultation) by two competent physicians; and any person, with the like intent, knowingly aiding and assisting such offender or offenders, — shall be guilty of felony, &c.: and if such offence shall have been committed by a physician or surgeon, or person claiming to be such, or by a midwife, nurse, or druggist, such punishment may be increased at the discretion of the court.

"Every woman who shall solicit, purchase, or obtain of any person, or in any other way procure or receive any medicine, drug, or substance whatever, or shall commit any operation or violence upon herself, with intent thereby to produce a miscarriage, unless the same shall have been by two competent physicians, &c., the punishment may be increased at the discretion of the court," &c.

PAINS

The previous chapters having considered pains in connection with miscarriage, it should not be supposed that all pains during the progress of pregnancy necessarily are symp-

tomatic of abortion. Pregnant women are subject to such pains during one period or another of their pregnancy, without the slightest intimation of any serious disorder. The pains in the back, abdomen, legs, and thighs, are often produced by some nervous irritability; sometimes due to the process of distension of the womb; sometimes to colic; sometimes to pressure upon certain nerves. Some pathologists contend, that, in almost every case, these pains are neuralgic. The fact is, there is not a woman, who, during her pregnancy, will not be annoyed by some of these pains. They are generally transient and irregular, worse when the patient is in motion or standing, or at the slightest movement of the child. In the latter months of pregnancy, there can be no doubt that the pressure and weight of the womb may cause pain and distress of the bladder, pain and cramps of the thighs. Pains in the back may be due sometimes to slight deviations of the womb, as tilting backward or forward. *Pains from rheumatism of the womb* are of more serious nature.

These may simulate labor-pains, and may even threaten miscarriage from their severity.

It is necessary to recognize these at once; for to mistake them for labor-pains would not only prevent the adoption of the curative treatment they require, but might lead the patient into grave errors.

The principal feature of uterine pains from rheumatism of the womb is, that the part becomes so *tender and sensitive as to be not even able to bear the clothes*, still less, any pressure made by placing the hand on the abdomen. During the intermission of pain *in labor*, the abdomen is *not* sensitive to slight pressure. In labor-pains, you may rub the abdomen, but not so in rheumatism, without creating agonizing pain. Another distinguishing sign is, that the rheumatic-uterine pains are generally accompanied by pains *elsewhere:* sometimes they will even leave the womb for an-

other organ or a limb, or leave these to attack the womb. When this is the case, there can be no doubt in prognosticating rheumatism.

Again: these pains may be traced to checked perspiration, exposure to cold or dampness, inadequate clothing, or some inadvertent change from a high to a low temperature.

The pain in rheumatism is almost always *constant:* there is a dragging sensation, whether seated or standing; the pains extend generally from the back, down the thighs, in the external genital organs, vagina, and bladder. The slightest touch of the vagina may cause the most acute suffering.

The attack may be ushered in by a chill followed by fever, pain, restlessness, thirst; the pulse becomes rapid and hard, the face flushed, the skin hot, probably followed by sour perspiration; the tongue is hot and dry. All these symptoms may moderate with the pains, but are apt to return in aggravated forms, unless checked by proper treatment.

It is not difficult to conceive, that the violence of an attack of uterine rheumatism may threaten the patient with imminent miscarriage.

Rheumatism of the womb during labor increases the sufferings of the patient a hundred-fold; and its influence is to retard the progress of delivery.

Neuralgic Pains (see "Neuralgic Headache") may be seated in the womb. The distinguishing feature of this pain is, that it is generally confined to a circumscribed spot, sometimes to a spot no larger than a shilling. It may suddenly pass from the womb to the bladder, from the bladder to the thighs or elsewhere; but very rarely is it found in two different spots at the same time. When it occupies the womb, it may cause such contractions as to need immediate medical interference to prevent abortion. When it occupies the bladder, it causes agonizing suffering, and also an intense desire to pass water without the ability of doing so. Neuralgic

pains are also, almost without exception, accompanied by an immense flow of urine of a very light color. The pains are not constant, and have complete remissions. All the above symptoms, and the absence of fever, thirst, and perspiration, would sufficiently distinguish them from the pains of rheumatism of the womb.

TREATMENT.

Allopathic physicians treat these pains generally with external applications of blisters, opiates, or subcutaneous injections of morphine. They apply leeches, and often bleed at the arm.

External frictions with the hand are sometimes very soothing to the back or limbs: on the abdomen, they should be avoided. In pain of the bladder, hot fomentations give great relief. A cold wet compress on the back, well covered with flannel, will sometimes give great ease.

For rheumatic pains, nothing will give as much relief as a silk blanket wrapped around the naked body: if a silk blanket is not at hand, use an old silk skirt.

Staphisagria (3d). Will cure *Crick* in the back from a cold.

Sepia (3d and 30th). Painful weariness in the small of the back, particularly if accompanied by leucorrhœal discharge.

Nux (3d). Pain in the back as if bruised, particularly if accompanied by flatulence, constipation, or piles.

Bryonia (3d). If generally rheumatic from a fresh cold or exposure to dampness.

Aconite and **Bryonia.** Alternately every hour or two, if the rheumatic pains are accompanied by fever, thirst, and perspiration.

Rhus. In place of Bryonia, if the rheumatic pains are confined to the lower limbs.

Aconite and **Belladonna.** If the pains are very severe, located in the uterus or bladder.

Belladonna. May be used alone in purely neuralgic pains of the womb or bladder.

Dr. Peters suggests outward application of a cloth dipped in the pure tincture of the root of Aconite, for violent rheumatic pains of the womb and bladder.

If the pains are so severe as to threaten immediate abortion, if *the abdominal tumor grows hard under your hand during these pains,* thirty drops of Laudanum in a tablespoonful of starch-water should be injected and retained in the rectum. In an hour, this may be repeated if the pains and contractions of the womb have not subsided. A physician should be called to attend, however.

VARICOSE VEINS.

An enlargement of the veins, so that they sometimes stand out like knotted cords, is the condition called varicose. In pregnancy, the pressure of the womb, particularly during the last months, on the trunk of large veins, impeding the flow of the venous blood upwards, causes the veins to become so clogged up, that they expand, until they become as large as fingers. The lower limbs are generally the seat of the difficulty; but sometimes even the vagina becomes thus affected.

TREATMENT.

Make a solution of one teaspoonful of tincture of *Hamamelis* to a tumblerful of water, and bathe your limbs with it morning and evening.

Then take a roller of cotton, if you have not an India-rubber stocking, and bandage the limbs snugly from the toes upwards beyond the seat of the difficulty.

DROPSY

Is the general term for any effusion of water in the cavity of the abdomen or of the chest, or in the skin of the limbs and head.

When water collects in the abdomen, it is called *Ascites;* when it collects in the chest, *Hydrothorax;* when in the limbs, *Œdema* of the limbs; when it extends all over the body or several parts of the body at the same time, it is called *Anasarca,* or general dropsy.

Women, when pregnant, are peculiarly liable to dropsical effusions, and to dropsy of the lower limbs, in particular. This seems to be induced by the pressure of the womb upon the surrounding parts, and also by the obstruction it causes in the circulation of the lungs; preventing a perfect arterialization of the blood.

Œdema of the limbs generally makes its appearance within the last three months of pregnancy, especially when it is due only to the pressure of the womb. The progress of this dropsy is slow: it generally begins at the feet, rising higher and higher, until it invades ankle, leg, and thigh. This infiltration of fluid within the cellular tissue under the skin may increase to such an extent as to cause great inconvenience to the patient, so that she will not even be able to walk, and her limbs look as if they would burst at any moment.

This dropsy is not dangerous, and disappears almost immediately after the birth of the child.

When dropsy is general, however, and the face, eyes, and hands are invaded, it becomes sufficiently serious for the

patient to inquire into its nature. This condition may be caused by a disease called *Albuminuria*, which is suggestive of very alarming disorders,— *Convulsions, Paralysis, Amaurosis, Bright's Disease*, &c. It is not the scope of this work to go into scientific disquisitions about disease: therefore I will limit myself to what I consider useful to the patient to know, and say to him or to her that *Albuminuria* is a disease in which the *albumen* of the blood, instead of going to supply muscles, &c., finds its way out through the kidneys. To deprive the blood of this constituent is to deprive the body of nourishment, and of one of the elements necessary to the development of the child, and also to produce such changes as to disorder other organs and the nervous system in a manner to sometimes bring on convulsions, paralysis, &c. It is, therefore, a *serious malady*, needing the assistance of the most accomplished medical men. In order that the patient, under the appearance of general dropsy, may have it in her power to detect the much dreaded albumen in the blood, she should know the means of testing her own urine.

Take a tumbler, or a vial, nearly full of the urine passed before breakfast; then allow a few drops of nitric acid to flow down the sides of the glass: if the urine contains albumen, the acid will coagulate it, and the coagulum will fall down to the bottom of the glass, like the white of egg half worked. If the above test is not satisfactory to the patient, let her take a glass tube as large as a finger; fill it up with urine passed at the same time as the other; expose it to heat until it boils: if it contains albumen, there will be a cloud formed in the urine, which will soon precipitate to the bottom. When this is the case, the patient should apply to a scientific physician without delay.

Dropsy from *Albuminuria* is also often attended with headache, pain in the pit of the stomach, and severe bilious vomitings, troubled vision and hearing: when this is the case, it requires particular attention.

In the paragraph on "Plethora and Anæmia," I have mentioned dropsy from "Serous Plethora," which the patient suffering from dropsy should peruse.

When *Ascites*, or dropsy of the abdomen, occurs, it complicates pregnancy in a manner to require immediate interference of the physician, else the distention may be come so great as to force abortion.

Coma, or sleepiness, is a symptom of great importance when it accompanies general dropsy; for although it may exist when there is but little dropsy, and may not occur when dropsy is present in a very great degree, yet, when the two are concomitant, they may result in *complete coma and convulsions.*

Physiologists advance also the theory, that the cause of convulsions is due to *urea* retained or decomposed in the blood; and that this is caused by the presence of *Carbonate of Ammonia.* Whether this is true or not, it should serve, however, as *a caution against the use of hartshorn*, or smelling-salts containing *ammonia*, in cases of headaches or faintings, or for any thing else, when dropsy is present.

TREATMENT.

Frictions of the limbs upwards, keeping the limbs raised on a chair. Frictions of sweet oil or glycerine will render the skin more pliable, and prevent its cracking. Use vapor-baths or warm baths. Women who have a tendency to rush of blood to the head should *not* use vapor-baths, however. If the distention of the skin is excessive, or the private parts are invaded, small punctures with a lancet or a needle will let out water enough to give great relief. Some benefit has been received from the application of cold, wet compresses to the limbs for several days. Dr. Peters suggests that the woman suffering from general dropsy should lie upon her face or sides, never upon her back.

Apis, from the 1st to the 200th dilution, is recommended as the most efficient remedy in all dropsies. This should be tried first. *Six globules every three hours.*

Arsenicum, from the 3d to the 200th dilution, particularly in cases where there is great prostration and emaciation, and the expression is pallid and sickly; the urine is scanty dark, turbid, or slimy; general coldness and dryness of the skin; pulse small, feeble and intermittent; palpitation of the heart; turns of faintness; difficulty of breathing; restlessness; watery diarrhœa; worse after eating, and on lying down. *Six globules every three hours.*

China. In dropsy following a long disease, which has left the patient very weak, pale, and prostrated.

Doses of the above: *One drop of the tincture in a teaspoonful of water every three hours*

Kali Hydriodicum (1st trituration). For persons whose glands are easily enlarged, and in women who have been addicted to retention of the menses. *Two-grain doses every three hours.*

Mercurius Corrosivus (3d trituration) is extolled by Dr. Peters in dropsy from Bright's Disease. *One grain three times a day.*

Digitalis is particularly useful in dropsy dependent upon irritability of the heart, causing great palpitations, and even thumping: the heart feels as if in the throat. *One drop of the first dilution every two hours.*

Dropsy being generally a complicated disease, the patient should not trust long to her own selection of remedies, but should apply to her physician: for that reason, I give but few of the principal remedies

FALSE WATERS (*Hydrorrhœa*).

This consists in the occasional discharge of water from the vagina by the pregnant female, but which is neither preceded nor followed by any uterine contractions, nor miscarriage; nor does it seem to interfere with the regular and normal course of pregnancy.

These discharges are called *false waters*, from the fact, that, although such discharges during natural labor or miscarriage generally indicate the breaking of the *bag of waters*, in this case, they do not mean any thing of the kind.

The distinguishing feature of these discharges, wherein they differ from those threatening abortion, is, that in the latter they are accompanied by uterine pains, while in the former they are not.

The color of this water is usually a little yellowish, very limpid, sometimes tinged with blood, and may pass in great quantity.

These waters may be the oozing-out of the fluid from a superabundance within the membranes surrounding the child, and probably by an exudation from the walls of the womb. The quantities that come out suddenly, at times, can only be explained by the supposition that they had found a lodging-place within the cavity of the uterus, but that, the capability of the womb to retain being inadequate to their increase, they are suddenly pressed out; thus leaving room for further accumulations.

TREATMENT.

Perfect rest during the occurrence, and an injection, to be retained in the rectum, of fifteen to twenty drops of laudanum in a tablespoonful of starch-water, *if the discharges excite pains.*

LEUCORRHŒA (*Whites*).

Few are the women entirely free from this malady, and many are its causes; but it will here be considered only as it affects pregnant females.

Leucorrhœa is a very common disorder amongst women during the period of pregnancy. The discharge, which is sometimes *white*, and sometimes of a *yellowish-green color*, usually makes its appearance during the second month of pregnancy; though some women are affected even before.

This discharge is often accompanied by a *great irritation of the vagina*, sometimes actual inflammation. It may become so abundant as to cause prostration, and even to re-act upon the stomach, causing pains, disturbance of appetite, and vomiting.

This affection, when of an acrid character, may be the cause of the most *distressing, intolerable itching of the soft parts*. A profusion of small vesicles may appear on the internal surface of the labiæ (or lips of the external part), which burst, and cause excoriations that render walking very painful.

Although a very troublesome and disagreeable disease, it is not attended with danger to the progress of pregnancy, unless it comes from extensive ulcerations of the womb.

TREATMENT.

Frequent washing of the external parts, and of the vagina, is indispensable: it should be done even two and three times a day.

The patient should be careful not to use any medicated washes without the advice of her physician. Castile-soap and water is the best for cleanliness of the external parts; and, for injections of the vagina, the water injected should

be lukewarm, so as to prevent a shock to the womb, unless otherwise ordered by the physician.

The external parts may be safely washed with **Lead-Water,** to allay itching and irritation.

The patient may derive comfort also by keeping the labiæ separated by the introduction of a fine piece of linen, wet in the lead-water: if that is retained, it will prevent friction and pain in walking.

Sepia (30th). Is an excellent internal remedy for yellowish greenish, fetid or corrosive discharges, whether attended or not with bearing-down sensations.

Calcarea (30th). If the discharge is white and corrosive, particularly in women of lymphatic constitution, light complexion.

Sulphur (30th). For chronic cases of leucorrhœa, attended by yellowish, burning, corrosive, and particularly, after repelled eruptions.

If the external parts are painful, a decoction of **Poppy-Heads,** four ounces to four pints of water, may be applied, warm or cold. with great relief to the patient.

DISEASES OF THE WOMB AFFECTING PREGNANCY.

DISPLACEMENTS.

Prolapsus of the womb (see "Anatomy of the Womb") may occur during pregnancy: it may come on suddenly or gradually, although the patient may never have been thus affected. During the first two months, there is a normal descent of the womb; but, at the third month, it rises, and pregnancy goes on undisturbed.

In aggravated cases, the prolapsus has not only continued, but increased, and the neck of the womb emerged from the

vulva. Gazeaux relates the case of a woman under his charge, who, while pregnant, had such a prolapsus, that the lower part of the womb projected from the vulva so as to constitute a tumor five inches in circumference. All efforts to reduce it were fruitless. She was kept in bed; and, at the proper time, she gave birth to a living child without accident to herself.

Prolapsus of the womb will cause great distress and disturbance; the bladder, being pressed upon, causes dangerous retention of the urine; and the rectum may be so interfered with as to make it impossible for the patient to have a natural evacuation.

Retroversion: this may be brought on by habitual constipation, and even by severe retching or vomiting, or by great straining at stool or in urinating. It may be caused also by a woman retaining her urine too long: the bladder distends, and presses the womb backwards.

Anteversion is very rare in the early stages, but may occur after the fourth and fifth month, particularly in patients who have been subject to it before pregnancy. This may be caused by allowing impacted fæces to remain in the rectum; thus thrusting the womb forward.

Lateral obliquities occur very rarely; but they are not of so much importance, as they scarcely interfere with rectum or bladder.

These displacements during pregnancy are of the greatest importance: for they are liable to bring about premature labor; inflammation of the bladder; strictures of the urethra, so as to render the patient powerless in passing water; inflammation or stoppage of the rectum, as to incapacitate the woman from evacuating her bowels at all. But their importance is greater in the anticipated labor. *Serious, indeed frightful, may be the consequence of such displacements in labor.*

Therefore, whenever the pregnant woman experiences great

difficulty in passing water, or in passing the contents of her bowels through the rectum; whenever she feels bearing-down sensations, or feels as if every thing would fall out; whenever she experiences great pain in the back, and pressure backward or forward, — she should consult a physician without delay.

All that is to be done in such cases should be done by an experienced physician; and therefore I will refrain from suggesting any treatment or advice, except that of keeping *at rest, on the back*, keeping the bowels open, and not going too long without passing water.

The origin of these disorders may date from the earliest periods of girlhood. These displacements are more common among that class of people called "genteel;" and they are principally owing to unsuitable dressing and habitual constipation. (See articles on "Dress of Girls," and "Constipation.")

ULCERATIONS OF THE WOMB.

Ulcerations do not often seriously affect pregnancy, unless they are of a malignant character. They may keep up some sanguinolent leucorrhœa; cause some sympathetic pains of the back: but, while pregnant, the patient would better let them alone. The woman may, very properly, have the mouth of the womb examined by an experienced physician in order to see if the ulceration is of a very virulent and malignant character. If not, and the physician should, nevertheless, advise local treatment, decline; for the several introductions of the speculum, and the applications to the ulcers, may be sufficient to bring on miscarriage. Thousands are the women who have gone through a term of pregnancy with no accident whatever, having an ulcerated neck of the womb; although there are authors who give it as their opinion that such affections are very frequently the cause of difficult labors, obstinate vomitings, abortions, and hemorrhage.

INFLAMMATION OF THE WOMB.

During pregnancy, more frequently than in the unimpregnated state, the womb, or some part of it, is liable to inflammation.

The patient feels a very severe, constant pain, or stitch, in some parts of the womb: the spot is tender on pressure, which tenderness is increased by walking, and by the movements of the child. What distinguishes this pain from one dependent upon rheumatism of the womb, is, that it does *not* come on in paroxysms. The patient has fever; the pulse is quick, skin hot; thirst and vomiting is present.

This affection may terminate without trouble, but may cause adhesion of the after-birth to the womb, giving considerable trouble during labor.

TREATMENT.

Send for the physician if possible: if he is not accessible, use the following: —

Take some tincture of the **Root of Aconite,** and apply it externally, by means of cloths, to the region inflamed. — *Peters.*

Belladonna and **Aconite,** alternately, should be taken every hour internally.

IRRITABILITY OF THE WOMB. — FALSE PAINS.

During the last month or two, the womb is often irritated by the severe pressure and expansion, causing pains simulating labor-pains. The patient is frightened lest labor becomes imminent; but she can easily distinguish these "false pains" from true labor-pains by placing her hand on the abdomen, and feeling, that, during a pain, the tumor under the hand *does not become hard and contracted.*

TREATMENT.

Quiet is important.
Secale or **Pulsatilla** may relieve.
From the 3d to the 30th, six globules every two hours.

RIGIDITY AND LAXITY OF THE ABDOMEN.

In young, strong women, the abdomen may be very rigid and unyielding during their first pregnancy. It may be so to the extent of pressing every thing backwards; thus exerting a dangerous pressure upon the kidneys, which, when interfered with in their functions, are liable to bring about dropsy and albuminuria.

In women who have borne many children, the abdomen becomes very much relaxed, falling forward and downward, making a pendulous abdomen, to their great discomfort. When such is the case, they should wear an abdominal supporter, which will relieve the patient instantly of many unpleasant feelings, and enable her to walk with ease.

Where there is rigidity, frictions of sweet olive-oil or glycerine over the abdomen may be very useful in relaxing it.

INCONTINENCE AND RETENTION OF URINE.

During the early months of pregnancy, when the womb descends a little, and when so much blood is called to the genitals, the patient may be tormented with a constant and painful desire to urinate, passing water in little quantities, with a kind of disagreeable straining at the neck of the bladder. The desire may be so urgent, that, in case the female has no opportunity to gratify it, she may pass the water involuntarily.

Later, when the uterus becomes very voluminous, the

same state of things may occur from pressure. The pressure may be so great as to induce even the opposite extreme, *retention*, which is by far the most alarming.

In *prolapsus, anteversion, or retroversion* (see their respective chapters), this inconvenience becomes much greater, and dangerous. If the fundus of the womb falls upon the bladder, the pressure will cause a constant desire to make water, and may even cause paralysis of the bladder, so as to make it impossible for the patient to retain her urine.

Again: if the neck of the womb falls forward, it may obstruct the urethra so as to make it impossible for the patient to empty her bladder. In this case, it becomes imperative for the patient to call the assistance of the physician to draw the water, lest the bladder become so distended as to throw the fundus of the womb against the rectum, and complicate the difficulty in the most serious manner. Besides, if the bladder is not emptied within a reasonable time, inflammation may ensue, which will place the patient in great danger.

At the commencement of labor, retention of urine is still more dangerous; for the powerful throes of the womb may press the bladder down in the vagina, exposing it to immediate compressions and contusions, which may result in great danger: it would certainly retard labor, or render it almost impossible; and the compression would excite an inflammation, which would result in sloughing and perforation, and all the painful consequences of a vesico-vaginal fistula.

Let the patient in labor, then, bear it in mind to void her urine during the earliest stages of labor, and every time that she has the slightest inclination. Should she feel her bladder to be full, with disability of passing the urine, let her send for her physician with a *peremptory message, explaining to him her reasons for so doing.*

These retentions may be temporarily caused by an irritability of the nerves of the urethra, in which the application

of cloths steeped in hot water, or even a warm sitz-bath, may enable the patient to pass water in a few minutes. The presence of piles may occasion this difficulty, in which case the patient, by putting her thumb in the vagina, and pressing the tumor of the piles backward, may enable herself to empty her bladder.

But, *whenever incontinence or retention of urine is constant*, she should acquaint her physician of the fact; for it may be the means of his detecting displacements that he can remedy.

TREATMENT.

Medicines are, of course, useless when either of those disorders are produced by mechanical obstructions, such as pressure from displacements of the womb. If it is induced by piles, these must be treated and reduced (see "Piles"), before she can obtain relief.

Cantharides (3d). *Six globules every hour* should be given, when the urine passes by drops or by jerks, *with burning and scalding sensations.*

Belladonna. For *nervous retention of urine*, accompanied by tenesmus (straining); also when caused by violent neuralgic pains. Dose the same as *Cantharides.*

Nux Vom. If the bladder seems paralyzed; the water passes involuntarily without any pain; particularly if accompanied by constipation or piles. Dose as above.

If **Cantharides** relieves the retention, but leaves some irritation and inflammation, follow it up by **Cannabis Sat.** This should be used strong: *ten drops of the tincture to ten teaspoonfuls of water, one teaspoonful every hour.*

Caution. In retention of urine, through ignorance of the

causes your friends may suggest some diuretics, such as sweet spirits of nitre, gin, juniper, water-melon-seed-tea, &c. *Such treatment would only increase the difficulty;* for the bladder contains too much water already, and those remedies would increase it. I mention this, because it has happened to several of my patients greatly to their regret.

In regard to urinary difficulties, read further chapters on "Dropsy" and "Albuminuria."

PALSY (*Paralysis*). AMAUROSIS (*Disturbed Vision*). DEAFNESS.

These three diseases are grouped, because, according to pathologists, they seem to depend upon the same cause in pregnancy. (See "Albuminuria.")

Paralysis is partial; for complete general paralysis would cause instant death.

Pregnant women are peculiarily liable to these partial paralyses.

They are designated by different names, according to location: thus, paralysis of the face, *facial paralysis;* paralysis of one side, *hemiplegia;* paralysis of the lower half of the body, *paraplegia;* &c.

Palsy may occur during pregnancy, during or after labor; but it occurs oftener during the latter months.

Amaurosis (impaired vision). The patient may suddenly or gradually be taken with partial or complete loss of vision of one eye: sometimes both eyes are affected at the same time. Sometimes it may be a mere obfuscation; again, the patient may see *black spots* flying before them. This affection may also occur before, during, or after labor.

Deafness may, like amaurosis, affect one or both organs of the hearing. It may be very slight, and noises and roar-

ing may be heard. This may come on periodically, or it may intermit, or remain permanent. *Buzzing in the ears* and *deafness are often the precursors of convulsions.*

Albuminuria and uræmia seem almost always to be connected with the above disturbances.

Facial paralysis is almost always connected with *amaurosis* and *deafness;* for the same nerves that are affected by the one are affected by the others.

Hemiplegia, which is of more common occurrence, besides depending upon albuminuria and uræmia, may depend upon cerebral apoplexy, or upon anæmia. (See "Plethora" and "Anæmia.")

Paraplegia, besides the causes already mentioned, may be occasioned by the *pressure of the fetal head* upon the nerves of the pelvic cavity.

These diseases generally get well in a little while, particularly after labor. There are instances, however, of permanent injury.

TREATMENT.

For paralysis depending upon albuminuria or uræmia, the most experienced physician should be consulted. For paralysis from pressure, patience is the best medicine; as, in proper time, the patient will be delivered of both child and disease.

For paralysis connected with amaurosis or deafness, evidently dependent upon an *apoplectic condition,* that is, upon determination of blood to the head, **Belladonna** should be taken until the *black spots before the eyes, the buzzing and noises in the ears,* are passed away. Then for the remaining paralysis, **Plumbum** should be taken for a week, and, if the patient is not better, **Nux** should be taken for another week.

If the paralysis is caused by *weakness* or extreme *anæmia,* **China, Arsenicum, Phosphoric Acid,** may relieve it.

Electricity will be of great benefit in paralysis *after*

labor, not before; for the electric shock may produce abortion.

Brisk frictions with the hand, or cloths wet with cold water, may be useful.

INTELLECTUAL DISORDERS. — INSANITY.

Mental aberrations of the intellectual and sensorial faculties are not uncommon in pregnant females. *Hypochondria*, *hallucinations*, *fears*, are phases of them. (See "Mental Disorders.") A woman who has loved her husband may now conceive a great antipathy for him. She may conceive the same antipathy for her children, or for any relation or friend.

These disorders of the intellectual faculties may proceed even to *insanity*. *Actual insanity*, however, is more common during and after labor than before. The mother may attempt the life of her infant, or she may abhor the very sight of it. This insanity is only temporary: very rarely has it become permanent.

The medical treatment of insanity should be left to a skilful physician. For moral and mental treatment, see "Mental Disorders."

CONVULSIONS.

This is probably the most formidable liability of the puerperal woman. It does not occur very often, fortunately; probably not oftener than at an average of one in four hundred; and, when it is thought to occur, it is often confounded with hysteria or catalepsy, neither of which are fatal in their nature.

Puerperal convulsions are very unusual in the early months of pregnancy. They may appear in the latter months; but they are more frequent during parturition, and after delivery.

Amongst the causes, albuminuria and urœmia have been mentioned under their respective chapters.

During labor, the powerful efforts on the part of the womb may occasion an excitement of the nervous system, which, being transmitted to the spinal cord, may induce convulsions.

A great distention of the intestinal canal from incarcerated wind, constipation, impacted fæces, a great distension of the stomach from indigestible food, a heavy repast, retention of urine with great distention of the bladder, the use of tight garments, the abuse of spirituous liquors, immoderate sexual intercourse, the suppression of habitual discharges as bleeding piles, too much sleep, want of sleep, want of exercise, confinement to crowded rooms, anger, jealousy, disappointments, &c., are all predisposing causes to these convulsions.

The *precursory symptoms*, according to Gazeaux, are the following: —

The patient is agitated, easily excited, impatient, and irritable; she experiences a difficulty of breathing, and an exceedingly poignant and acute pain in the head; the pain seems to be fixed in a circumscribed spot. *This pain in the head*, which is not at all amenable to treatment, *is the most important diagnostic sign.*

The primary symptoms increase in violence, and the mind becomes affected by them. The *vision becomes affected*, the *sight obscured;* the patient may see only the half of an object placed before her eyes; the *hearing becomes less distinct;* the patient becomes stupidly indifferent; her features are immovable, or appear sunken; she can be aroused only with difficulty; scarcely comprehends; replies incoherently; then she sinks back into her stupid state.

In *plethoric women*, the pulse is full, slow, and hard; the face flushed and animated. In *Anasarca*, on the contrary

(see "Plethora" and "Anasarca"), the pulse is small, hard, and contracted; the face pale; the skin cold.

From this, she may go into the actual convulsive condition, gradually or suddenly. When gradually, one notices little tremors of the muscles of the face; the eyelids wink rapidly; the balls of the eyes roll upward; the nostrils dilate; the corners of the mouth become distorted; finally the look becomes completely fixed; the jaws are tight; foam is breathed out of her mouth. This state may be followed by a spasm, drawing her face or head on one side. The face is congested, swollen, and acquires a bluish, livid hue. The limbs may be very much or very little convulsed.

In general, the first fit is of short duration, and not very violent: but, in most cases, the fits are repeated frequently; and the symptoms become more and more frightful in appearance as they are renewed.

The duration of an attack is variable: it may last from one minute to two and three hours.

During the interval, the patient at first may return to herself, and look around, astonished at the commotion. After repeated attacks, however, she is left in a comatose state, which becomes deeper and deeper after every one. She becomes perfectly insensible to sounds or to touch. Even this comatose condition may pass off: she may regain some of her faculties.

When the patient is going to get well, the convulsions become less severe, the intervals much longer. All her faculties gradually return. Memory is the last to be regained.

When the attacks last longer, and at each time the symptoms grow more severe, all hopes to save the patient are only illusory.

In *Hysteria*, which is often confounded with puerperal convulsions, there is an alteration, but *never a total abolition*, of the intellectual powers; indeed, the sensorial faculties

seem to become more acute. There is *no coma after the fit.* There is a continual tendency to change the position, and the patient may writhe with violence: it may require even considerable force to retain her in bed. Again: the hysterical paroxysm is almost always preceded by a sensation as if a ball were rising in the throat; and the patient grasps with violence the throat, as if attempting to relieve herself of the choking. There is *no frothing* at the mouth; and the pulse may be perfectly normal.

Epilepsy, also, may be confused with puerperal convulsions: but the former history of the woman may be a guide; for, in that case, epilepsy has generally occurred before.

Tetanus has the distinguishing feature that the convulsive *rigidity of the limbs is constant and continued.*

Catalepsy represents a state of peculiar *immobility.*

Apoplexy is *not* preceded by convulsive movements: the limbs are relaxed, but have lost their sensibility and mobility.

Dr. Meigs, treating of this disease, says, "It is a malady that is not met with every day; but it is one so horrible in its appearance, so deadly in its tendency, so embarrassing sometimes in its treatment, that, although it is not met with every day, it is solicitously expected, and probably obviated in many a case, which, but for such careful supervision, would swell its proportions in the statistical tables.

Women with short necks; those who are fat; those who possess considerable muscular strength; those whose tissues are firm, solid, hard, and unyielding; those that are of a sanguine, nervous temperament; those who have swollen feet, hands, and features; and such as, upon walking in the morning, complain of numbness in the hands; those who are affected with a feeling of great weakness, or with loss of sensation in one side of the face or in one of the members; those who have suddenly lost their hearing; those who have vertigo, headache, flashes of light within the eyes, dim-

ness of sight, double vision or half-sight; those who have sudden loud noises in the ears; and such as feel as if a violent blow had been received upon the head; those, furthermore, who labor under intense anæmia, with distention of the blood-vessels and heart, — all such are to be held liable, and closely observed and protected.

TREATMENT.

Patients subject to any of the above symptoms, and their friends, should carefully study the paragraphs in this volume on *Mental Disorders, Indigestions, Constipation, Plethora, Anæmia, Dropsy, Albuminuria, Uræmia, and Paralysis.*

The treatment applicable in those cases will be applicable in the prevention of anticipated convulsions.

When the convulsions really occur, a non-professional would better let things alone, lest he aggravate the case. Cold water to the head, mustard-poultices to the legs, is about as much as can be done.

If it is known that the trouble has been brought on by *overeating*, or by *eating indigestible food, an emetic might be given at once;* and the most efficient, and yet innocent, is a tumblerful of warm water containing a teaspoonful of mustard.

If protracted *constipation* is known to exist, the bowels should be immediately moved by repeated enemas of warm water and soap; and if failing with this, an enema of a pint of warm water with *fifteen grains of ox-gall* should be injected into the rectum. If the bowels remain still full, give one tablespoonful of castor-oil, repeating it in six or eight hours, if it shall not have operated.

PART II.

LABOR.

LABOR.

PREGNANCY and its concomitant derangements having been treated of in the first part, the second part will be devoted to the preparations for labor, and to labor itself.

OCCUPATION OF THE MOTHER DURING PREGNANCY.

A woman with child would find it greatly to her advantage, and conducive to her health and happiness, to employ her leisure hours in the preparation of the necessary articles of clothing for herself and her coming baby.

As many seem really ignorant of what is necessary, I name some few of the articles which she will absolutely need. These will naturally suggest others to women accustomed to the convenience of plentiful supplies.

Articles needed by the Mother.

Six cotton chemises.

Six cotton night-dresses. Short night-dresses are preferable.

Six unbleached cotton bandages, one yard and a half long.

Two flannel skirts.

One flannel dressing-gown, to wear on getting up.

Three dozen napkins. These may be made from old table damask, rendered soft by use.

One dozen common face-towels.

Articles needed by the Child.

Eight belly-bands of infants' flannel; four of them one quarter of a yard wide and five-eighths long, and the other four not quite so wide, for earlier use.

Four dozen diapers.

Four flannel barricoats with muslin bodies; left open like an apron.

One dozen linen-cambric shirts, to be worn over the belly band.

Six muslin night-slips, one yard long.

Two flannel skirts, of two breadths each.

Six pairs knit socks.

Two blankets of fine flannel or merino, one yard square, bound with ribbon, for a shawl.

One baby-basket, containing: a box of rice-flour-powder one powder-puff; one cake of old, white Castile soap; pieces of old handkerchiefs, to be used in dressing the navel; one box of cold-cream; one fine sponge; one paper of large, one of small pins; one pair of sharp, round-pointed scissors. A complete suit of baby-clothes should be in it at the time needed.

Strange as it may appear, it is often the case, that, while attending a woman in labor, the physician finds no provision of the most necessary articles, creating delay and confusion. Some women are so indolent, that they put off these preparations until the time overtakes them quite unprepared.

Among the lower classes of women in Italy, it is customary to raise a chicken for the mother, and save money for the doctor's fee. A most philosophical plan! Nine months will make a good chicken, that will yield rich broth for a debilitated parturient. The doctor's fee is quite as necessary for him. In this country, a great deal of unnecessary flummery is often gotten up for the child, very often forgetting the chicken, and the physician's need.

MONTHLY NURSE.

By this term, is meant a woman experienced in attending confinements, and capable of assuming the care of a baby, and of the parturient, for a month from the commencement of labor.

In some countries, these nurses are educated for the purpose, and are even capable of exercising all the duties belonging to a midwife. In this country it is not so. Women actually prefer a male accoucheur to a female. They feel safer in his hands: they rely not only upon his superior knowledge, but upon his courage. They feel he would not flinch before duty, and would assume the greatest responsibility to save life. It is not generally so with female accoucheurs, allowing very honorable exceptions. I know of many cases where the female accoucheur, getting frightened, deserted her patient at the moment she was most needed; thus sacrificing a life that might otherwise have been saved.

But I am speaking of a monthly nurse. She should be intelligent, and have experience; yet she should not be presumptive, and should never be allowed to exercise duties not within her province.

A nurse is necessarily a servant; and I, for my part, never want her to be any thing else. I want her to have intelligence enough to carry out my orders, and no more. Has she learnt any thing from other physicians or other people, let her keep that knowledge to herself as long as there is a physician attending who is responsible for the case.

The monthly nurse should be a judicious, unobtrusive, well-tempered woman. She should know the care the patient needs; she should administer to her comfort, but not attempt to entertain her with stories or gossips of any kind; she should carry out the wishes of the physician conscientiously, but never remonstrate on her own account, with the

patient; she should acquaint the physician with every irregularity without exaggeration, and never undertake, under the assumption that it will do no harm, to administer favorite lotions or potions to the patient or to the child.

In the house, she should not be a source of trouble. I have known nurses to demand so much attention from the house-servants as to be unbearable. Some nurses assume rights and authority over the patient and the husband. Take my advice: such a woman, being a nuisance, should be paid and sent off.

If the parturient is worried by the nurse, she should inform her physician without delay. I have known patients that were so intimidated by the nurse as to be afraid to mention this fact to physician or husband, and would, consequently, go from day to day, sick without an appreciable cause.

In this case, let the husband take the matter in his own hands, and let him protest against such conduct: if this be vain, let him invite the woman out of the sick-room, and deliberately inform her that she must leave the house. Having gone thus far, she should not, under any pretext whatsoever, be allowed to enter that room before leaving; for, with truly revengeful spirit, she may make a scene that will greatly affect the condition of the wife.

It may be thought that I concern myself entirely too much about these nurses. Not so. Any one who has had experience with them will tell you that every young mother or husband needs all these cautions.

Nurses have their favorite doctors; and those are they who employ them the oftenest. When they are engaged where their favorite is not in attendance, they are sometimes given to talking disparagingly of the one who has the case in hand, and praising others: they have even been known to improvise facts and stories that bear against his character, or his skill as a physician. When this is the

case, do not hesitate to silence them at once, and then watch them closely; for, to prove themselves right, they are possibly capable of injuring you or your child. If the nurse feeds the child by hand, see that she puts no powder in the milk, although she may tell you it is only a little soda, to prevent flatulence. If you employ a homœopathic physician, and she distrusts the treatment, watch her still closer, and resist all her attempts to inveigle you into permitting the use of things contrary to or different from those prescribed by your physician.

In looking up a nurse, and inquiring into her qualifications from those who have had experience of her, it will be found useful to ask the following

Questions:—

Is she strong and healthy?

Is her breath offensive?

Is she clean about her person?

Does she keep the baby clean, and is she tidy in the nursery?

Is she attentive to the mother?

Is she gentle, kind, anticipating all wants, and supplying them with a willingness?

Is nursing to her only an effort by which she makes a livelihood, or has she a natural adaptability for the calling?

Is she a light or a sound sleeper?

Does she snore?

Has she such a habit of watching, that she can keep awake if necessary?

Can she cook food or dainties for the mother?

Did any accident ever happen through her carelessness?

Is she truthful?

Does she drink, or use tobacco?

Does she receive many visitors?

Does she interfere with the household servants?

Is she inquisitive or gossipy?

In making these inquiries, see that your informant is reliable; for many people, through mistaken kindness, recommend the most objectionable servants.

When you engage her, — which should be at least two months before the expected time, — stipulate the price, and make every condition clear and unmistakable.

She should be ready to attend two or three weeks before the anticipated event.

THE ROOM

Should be a spacious and well-ventilated one. If possible, it should have a southern exposure. Let it be remote from the noise of the street or the house. If there is a bath or dressing room attached to it, so much the better. Keep no soiled clothes in it during sickness. One bed, one wash-stand, wardrobe, bureau, and two or three chairs, is all the furniture needed: any more would be in the way, unless the room is unusually large.

THE BED

Should be a double one, in good order, on castors. The spring mattress is the best: hair and cotton come next. Feather-mattresses are inconvenient, too warm, and should be avoided. The sheets should be of cotton, unless it is in the midst of summer, or in a hot climate. During labor, the patient should lie on the right side of the bed. This position will place the patient on the right side of the physician. Attention to this will prevent a change of side when the physician arrives.

For labor, the bed should be prepared as follows: Fold the lower sheet so that it will not come below the waist of the patient, with the end towards the hips, so that it can be grasped and pulled down after delivery.

Cover the mattress, from the waist down, with an impervious material, — a piece of India-rubber or oil-cloth. Over it place a thick cover — a blanket or sheet folded several times — to absorb the discharges. Replace the bed-covers as though the bed had been made up as ordinarily. To the foot-board — against which the feet should be fixed during expulsive pains — attach a long towel, twisted, that the patient may grasp at it during strong bearing-down pains.

ACCOMMODATIONS FOR THE PHYSICIAN.

A chair to sit upon, some lard or sweet-oil to lubricate his hands and the soft parts of the mother, several towels, cold and warm water, and soap.

ARTICLES NEEDED DURING LABOR.

A cord made of twisted linen thread; a pair of sharp-edged but blunt-ended scissors; a paper of large, sharp-pointed pins; a square yard of soft flannel, or some suitable material, to envelop the child when born; a bandage for the mother; an abundant supply of warm water; some suitable stimulant, as camphor, cologne, or aromatic spirit of ammonia; one dozen towels and napkins; a fine sponge; a vessel under the bed to receive the after-birth.

BANDAGE.

Although some physicians split hairs about the bandage, and some assume even that the patient can do better without it, I cannot but recommend the use of it. The bracing-up of the collapsed abdomen gives such a feeling of comfort, that that alone would recommend it, as, in ordinary cases,

enabling the mother soon to move about the bed without feeling that she is going to fall to pieces. Besides, I know cases where the abdomen never contracted, from want of this support; and the woman had to bear a pendulous abdomen ever after, to her great discomfort and annoyance. And I never knew or heard of an instance where the bandage, properly applied, had caused unpleasant or dangerous results. Of course, as in all things in this world, there is a way to do it right, another to do it wrong: even a feather, in the hands of an ignoramus, may prove a fatal weapon. If the bandage be put on snugly, with no undue pressure exerted, so as to obstruct the circulation, none of the far-fetched maladies will result from the application.

A great deal is said about the shape of a bandage. For my part, a towel long enough to go around the body I have always found to answer every purpose; some, however, prefer to have it so shaped as to fit the curves of the body. It should be wide enough, at all events, to cover the whole abdomen.

WHEN TO SEND FOR PHYSICIAN AND NURSE.

This requires some judgment; for it is very hard on a physician, fatigued by a severe day's labor, to be suddenly awakened from his sleep, and requested to relinquish his rest and go to a patient, only to find that it is all a false alarm. I speak feelingly on this subject. Physicians appreciate the anxieties of a woman, who, being conscious that her term is near completion, feels pains flitting about her abdomen; and they are willing to go to her, were it only to calm her apprehension: still, some consideration is also expected on her part. He, like other mortals, has only one life to live, the preservation of which requires the same rest and the same peace that others enjoy.

On the completion of her eighth month, the woman is

liable to be overtaken by pains simulating labor. These pains are probably caused by the womb's attempt to adapt itself to its enlarged condition and position. A few hours of complete rest will often make these pains disappear without further trouble.

When a woman, however, has reached her full term, she may suddenly awake one night to find herself in labor. Still, let her remember that labor is very rarely an instantaneous process. There are preparing pains, and many are they, before the actual presence of the physician is necessary.

Pains coming at regular intervals, commencing in the back, and running down the loins, causing the womb *to harden under the hand*, and to relax after the pain is gone, should be considered labor-pains. When these pains are accompanied by a *serous bloody discharge, there can be no doubt that labor has commenced.*

As long as the pains do not return oftener than every fifteen minutes, the physician need not be summoned, if it is night. The nurse should be sent for, however, without delay.

When the intervals are gradually getting shorter, until they are no longer than five minutes apart, the physician should be summoned.

The physician's attendance should also be immediately required after the *breaking of the bag of waters.* This may happen suddenly, without giving any premonitory symptoms.

When the symptoms of labor occur during the day, the physican should be informed of the fact without delay; for he may find it convenient to call, and ascertain for himself the condition of things. If early in the morning, let him know it before he leaves his office, lest he cannot be found when he is wanted later in the day.

A sudden gush of blood, or a continuous stream of it,

should warn the patient, or the attendants, to have the physician instantly; and, if the regular family attendant is not to be found, the nearest doctor should be brought to the spot.

In case the stream of blood is continuous and alarming, *fill up the vagina with a sponge*, and *keep the patient quiet* on her back until the physician arrives.

LABOR

Is the inevitable and physiological consequence of pregnancy. It is a process of pain and suffering. It is a process that requires all the moral courage and fortitude a woman is capable of.

The woman who bears a child to her husband performs an act which his lifelong love and kindness could not repay. The woman who bears a child to the State gives the legislator to mould the nation, the general to defend her honor, the admiral to span the oceans. The woman who bears a child to her God is an imitator of his creation, and will glory in the light of his love.

Woman is the re-creator and the nurse of mankind. Her sufferings in giving birth to her offspring, her self-abnegation in raising and educating it, command man's respect his admiration, his love, his gratitude.

Beautiful in love, sympathetic in sorrow, she governs his affections, and assuages his pains.

In the throes of labor, she is heroical. On the life of her infant, she sheds tears of joy. In the tenderness of a newly-made mother, she forgets her pains. Her lips whisper thanks to her God; her eyes look with a triumphant joy upon her husband.

No wonder man loves his mother! If a mother never did any thing but give birth to her son, he should love her and be grateful to her forever.

PRESENTATION.

I will presume that every woman expecting to give birth to a child engages an accoucheur one or two months before the expiration of her term. As the woman in labor is quite incapable of assisting herself, I will treat only of *natural labor*, to give an idea of its physiological process, and the manner in which it should be attended, in case the physician is not present. Any abnormal deviation or complication should positively require a well-skilled accoucheur to be in attendance.

When labor has really commenced, the most important point to ascertain is the *presentation*. The term "presentation" refers to the part of the child that presents itself to the mouth of the womb. Physicians divide presentation into classes, and the classes into positions, until they have reached a rather confusing number. For the practical purpose of an unprofessional attendant, *four* only are important, — *head*, *foot*, *breech*, and *hand* presentation; the first three constituting *natural* presentations, from the fact that they do not offer difficulties, and the latter, *preternatural*, because it offers serious difficulties to labor.

The presentation can easily be detected by introducing the index finger into the vagina as far as the womb, when, if the *head* presents itself, a hard, round tumor will be felt within the mouth of the womb. This presentation may be confounded with the *breech*, for that also is round, and almost of the same diameter; but, *in the latter, there is a feeling of elasticity*, given by the fleshy buttock, that cannot be mistaken. Besides, by thrusting the finger a little higher, and feeling carefully around, the protrusions of the vertebræ of the spine, or the division of the limbs and the genital organs, can be discovered.

Hand or *foot* presentation is easily detected by the natural shape of those organs.

Head or *breech* presentation should give no concern; for the diameter of each is sufficient to expand the womb and the soft parts, so as to render the exit of the other parts of the body comparatively easy.

Foot presentation is liable to render labor long and dangerous to the child, inasmuch as the head may be arrested in the pelvis of the mother after the body is extruded, delaying thus the respiration, and causing, probably, fatal compression.

Hand presentation *is dangerous* in the extreme: *no time should be lost in securing the immediate attendance of a skilful physician;* for it is evident that the child lies crossways, in which case it cannot be born without turning.

PREMONITORY SIGNS OF LABOR.

During the last fortnight of pregnancy, *the abdominal tumor subsides,* so that pressure is taken off from the lungs, heart, and stomach, and the woman feels more buoyant, freer, and more comfortable. The pressure, however, is brought downwards by the descent of the womb, causing, often, a desire to void urine, and sometimes, even with an inability of doing so. (See "Incontinence and Retention of Urine.")

FIRST STAGE OF LABOR.

Labor may be divided into two stages: the first constituting the process of *dilatation of the mouth of the womb;* the second, the process of *expulsion of the child* from the interior of the mother.

During the first stage, the parts become humid: a discharge

charge of watery blood, "*the show,*" occurs; intermittent, regular, and periodical pains come on, each ushered in by shiverings. This stage of preparation occupies five-sixths of the duration of labor. The fibres of the womb contract, and its mouth dilates, at every pain.

During this stage, it is evident that there is nothing to be done but to patiently wait. The mother should make *no expulsive efforts:* on the contrary, she should save her strength for the second stage, when the child escapes from the womb, and is pressing hard against the soft parts.

She may walk the room or sit in a chair alternately: the first will assist in the expansion of the mouth of the womb by the pressure of the weight against it; the second will shorten her confined position in bed, which may become very tiresome if the labor is slow.

The patient should know, that, during this stage, there is no accident to apprehend: her mind should be at ease and hopeful.

During these contracting pains, she may become nauseated, and may even vomit. This condition is considered *favorable,* because it relaxes the system.

She need not have any fear or anxiety if this stage is rather long; for it may depend upon the rigidity of the mouth of the uterus, which will yield in proper time. Anxiety will only tend to diminish the force of her pains, and render labor longer and more tedious. She should dispel every imaginary dread that she will not get through; for nine hundred and ninety pregnant women in a thousand have suffered like herself, and have gone to the end with perfect safety to themselves and their offspring.

She should not resist any inclination to move her bowels, or to pass urine: on the contrary, *she should encourage both,* as the discharges will give her relief, and make the exit of the child easier. It has even been customary to have the bowels moved by a cathartic, and in case the patient should

be in the least constipated, I do not deem it objectionable in the least.

During this stage, if her physician is not present, she should be examined now and then by the nurse, in order to know the progress made in the dilatation of the mouth of the womb. If, after every five or six pains, no progress is detected, there should be no hurry in summoning the physician. When, however, the mouth of the womb is so expanded as to be of the *size of a silver dollar*, the physician should be present.

How to make an Examination.

Place the patient on her left side with knees drawn up. The nurse lubricates with oil or lard the index finger of her right hand, introduces it into the vagina, running it upwards and backward in the direction of the spine. When she reaches the tumor, let her feel for an opening in the membrane that covers the child. If she is in doubt whether her finger is then in the mouth of the womb, let her keep it within until a pain comes on, and, if the finger is within the womb, she will feel the mouth contract around it like the string of a purse. She can then detect the size of the opening. When the womb is relaxed, she may confound the thin mouth of the womb with folds of the vagina, but not so when it is in a state of contraction. The mouth of the womb is sometimes difficult to find, because it lies backward, and high up. *The examiner should not be satisfied until it has been found, and its dimension fairly measured.* Care should be taken, during these examinations, not to press too hard against the tumor, lest the bag of waters should be broken. The waters, enclosed in an elastic bag around the head of the child, assist in expanding the mouth of the womb. This bag of waters generally breaks spontaneously during a violent pain. When it breaks in the beginning, it constitutes what is called "*dry labor*," which may last longer

on account of the absence of the assistance spoken of. It usually breaks in the second stage, although it may do so at any time, particularly if the pains are strong, and the membrane weak.

The *mother should be made acquainted with the existence and the necessary bursting of this bag*, lest she should be frightened at a sudden and unexpected gush of so much water.

The Arrival of the Physician

should be announced: his entering the room unannounced may give the patient a shock. Even modesty requires this caution. After he has made his examination, he should be invited to another room. He will accept willingly; for he knows that the patient will thus feel less constrained than she would in his presence.

Conduct of the Attendants.

Admit no one to the room except the nurse or a female friend requested by herself.

Under no circumstance, permit idle curiosity to peer into that room. Keep out officious women whose services are not needed. *Stop every conversation regarding hard labors, or accidents happened to other parturients.* This is imperative. Physicians know, to their regret, how many labors have been kept lingering by the influence of these mischievous conversations on the mind of the patient.

The husband should bear himself manfully; and, in his expressions of love and sympathy, *he should not show that he is harrowed by a feeling of anxiety* and the fear that the case may not terminate well.

Arrangement of Dress.

Before the commencement of the second stage, the patient's dress should be so adjusted that it need not be soiled.

Her chemise should be folded up around her waist, and the bandage to be used after delivery pinned around it. This will secure the chemise, and, at the same time, leave the bandage ready to be brought down, without moving the patient after delivery. Below this may be put a flannel skirt, or a small sheet folded, which will cover the patient, and protect the clothing above.

This simple precaution will prevent the necessity of changing her linen after delivery; a process which may be dangerous, in proportion to the condition of the patient.

SECOND STAGE OF LABOR.

The Birth. The mouth of the womb having dilated during the first stage, and the child being now bearing down upon the soft parts of the mother, the patient has a strong desire to make expulsive efforts. *This should now be encouraged.* When she feels a pain coming on, she should draw a long inspiration, and then, holding her breath, bear down with all her strength. Restrain her from making exclamations during the pains, and urge her not to relinquish the downward pressure she ought to exert. If she complains of her back, press gently with your hand against it.

During these pains, she may become very much excited, and even talk incoherently. Re-assure her, by telling her that she is now near the end of her troubles. Encourage her to rest between her pains, and maintain her position on her left side.

Place a pillow between her knees, which should be bent, and let her feet press against the foot-board.

Take a napkin, and *press gently between the vagina and the rectum during the pains;* not enough, however, to prevent the descent of the child, but *to prevent a possible rupture of the soft parts.* If her exertions cause her to perspire,

dry her face with a handkerchief, or fan her a little; if she is faint, give her volatile-salts or cologne to smell.

Should the pains subside, and become weaker during this stage, give her a cup of hot tea.

This stage, sometimes, is very short. Many instances have occurred in my practice, particularly amongst healthy and strong women, where it consisted of one pain, prolonged until the child was expelled. With some women, it requires several pains, particularly when the parts are rigid. Encourage patience. In cases where the infant's head is very large, or the outlet of the mother rather narrow, the head is to be moulded, as it were, to the proper proportions, and the resistance will cause some delay.

It is during these pains, that she should pull at a towel fixed to the bed or in the hands of an attendant.

The patient should not be discouraged if several severe pains, at this stage, do not cause the child to be born. As ong as the presentation is right *she need have no fear for the result*, even if no physician be present.

When, at last, the result begins to appear, and the head is expelled, it should be supported in the palm of the right hand, but no traction made. If the pain ceases, and the cord is twined around the child's neck, pull the cord gently until it is loosened; and, if it is sufficiently long, pass it around the child's head until it is disentangled. If the pain delays, and the child's face looks congested and blue, make gentle frictions on the mother's abdomen; force your index finger under the armpit of the child, and draw gently.

When the child is born, and it breathes, *turn its face from the mother, and from the discharges*, lest, during an inspiration, it draws in some of the fluids. If it cries, so much the better: that will cause a long inspiration, and expand its chest.

Do not be in a hurry now: there is no necessity.

How and when to cut the Cord. Having your string and scissors at hand, *as soon as the cord ceases pulsating,* tie a cord about it, an *inch and a half from the navel;* then put another ligature two inches from that, and cut between them. Then take a soft napkin, and wrap it around the child, so that, in its slimy condition, it may not slip from the hands; and place it in a smooth blanket in a *safe place.*

The After-Birth (*Placenta*). With your right hand, take hold of the cord, and put it on the stretch; place your left hand on the abdomen of the patient. If the abdomen is not very much collapsed, and the womb does not feel like a round ball that you can grasp with the hand, *there may be a twin-baby.* But if the abdomen is sunken, and the womb contracted, *wait for a pain;* and, when it comes, pull gently, but steadily, at the cord. It will probably be felt to follow the pull; if not, *do not pull hard,* lest you break it, and have no means to get it out. It may take one or two more pains.

Sometimes the womb, being rid of the greatest part of its contents, remains inactive, and suffers the placenta to remain for a time. In this case, gentle frictions should be made on the abdomen, and the womb gently pressed, so as to excite contractions.

Should you, by accident, separate the cord from the placenta, *and, after waiting twenty or thirty minutes, during which several pains may occur, the placenta not being passed out,* introduce your hand, *formed in conical shape,* into the vagina, hook your fingers in the spongy placenta, and gently pull it out.

ATTENTION TO THE CHILD.

Does it breathe? If the child gives a hearty cry, you may be sure it is all right. If it is evidently breathing at all, as the vast majority of new-born infants are, there is no

further serious trouble to be looked for on that score; but if it remains still, and gives no sign of life, it will require immediate attention. Some authors recommend not to cut the cord until respiration is fairly established. But this connection should exist *only as long as the cord is pulsating*: when that ceases, the *cord should be cut*, lest the placenta act like an instrument of suction, and withdraws blood from the child.

The *unbreathing* condition of the child may be caused by *mucus filling its mouth*: care should be taken, therefore, to clear it as soon as born, by wiping the mouth with a finger wrapped in the corner of a soft handkerchief. Then sprinkle cold water on its face and body: the shock thus given may awaken the dormant vitality. Should this be not sufficient, alternate the sprinkling of cold water with immersion in warm water. This alternate treatment of heat and cold may be repeated several times. Should this not succeed, take a towel wet in cold water, and with a corner of it strike the child vigorously on the chest, back, and head.

Do not give up in discouragement, even if the child does not breathe for half an hour. There are instances in which children have been brought to life after an inconceivable length of time, and after many attempts to make them breathe.

Another means to restore life is the following: Close its nostrils by pinching them together, and then blow into its mouth, so as to force air into its lungs; then press its ribs together, so as to cause the lungs to expel the air: this alternate movement continued may stimulate the lungs into action. During this process, the body of the child should undergo frictions made with warm flannel immersed in alcohol, brandy, whiskey, or any stimulant at hand.

Some authors suggest taking a mouthful of brandy, and then spurting it forcibly against the breast of the child: this repeated has sometimes induced convulsive contractions of the respiratory muscles, and caused the lungs to expand

Also a stream of cold water from a height has proved successful.

These efforts should be continued even after respiration has commenced, if it is very weak.

Should a galvanic battery be at hand, currents of electricity may be made to pass from the nape of the neck to the muscles of the chest.

During these attempts to restore life, the child should lie on a flat surface, *with the head lower than the body;* and, during the manipulations, the head should not be allowed to fall on its chest.

Should the face of the child remain very much congested and blue for several minutes, untie the cord, and let a tablespoonful or two of blood flow.

Sometimes the new-born child's features look shrivelled it has a blue appearance, and breathes with a spasmodic jerk, and feebly; its cries are very weak, and sound like a weak groan. Under such conditions, it should be stimulated by alternate douches of cold and warm water, by dry heat and frictions. Care should be taken not to fatigue it. It may be bathed with alcohol, and artificial respiration kept up by alternate blowing in the mouth and pressing the ribs together. A little brandy may also be given as follows: Five drops of brandy to a tablespoonful of warm water; *one drop of this solution on the tongue every five or ten minutes*, until the child gives sign of some strength and of established circulation.

ATTENTIONS TO THE MOTHER.

Immediately after delivery, the patient, passing from a state of tension to a state of relaxation, is often taken by a nervous chill: so do not expose her surface to the air unnecessarily; and, if the chill comes, cover her up until reaction has set in, and she feels warmer.

Do not allow her, under any circumstance, *to help herself;* gently and steadily pull from under her the soiled cloths and garments; then draw down the bandage, and pin it snugly around her; pull down her dress, and cover her warmly.

Apply a soft napkin to the vulva. Should the soft parts be very sore, they may be bathed with tepid water medicated with tincture of arnica.

If a physician has been in attendance, after his departure leave the patient to repose, *and let no overscrupulously cleanly person interfere. Too much intermeddling is the cause of severe after-pains, or of more or less dangerous flooding.* If the patient be allowed to sit upright, the blood will accumulate again in the uterine veins, distend them, and cause coagulations of blood that will induce violent after-pains; and if the blood does not coagulate, but flows away, it will produce the most violent and dangerous flooding. The patient is thus exposed to the risk of her life at a time when every moment of repose is of the highest value to her.

TREATMENT.

To overcome the chilliness, cover her with warm clothing, and, if necessary, give her a little warm tea.

If the patient be feverish, restless, and nervous, give her **Aconite.**

If she has much headache, **Belladonna.**

If she suffers from obstinate sleeplessness (see "Sleeplessness").

If she feels *very much bruised*, give **Arnica** internally, and *wash her externally* with warm water, containing a few drops of the *tincture of* **Arnica,** three times in twenty-four hours.

Change of Position. If the patient should flow so much that *flooding* may be apprehended, she should remain quiet

in the same position, *until all danger is over.* If the discharges seem no more than should be expected, she may be drawn up upon the bed, or even slidden to the other side, as soon as convenient. Being made comfortable, she should be left quiet, and allowed a little sleep, from which she will awaken very much refreshed. The removal of soiled clothes should be done with care to give her no cold, or expose her to violent motions.

DRESSING THE CHILD.

Lubricate the child all over with some unctuous matter, animal oil or lard. In many instances, the application of unctuous matter will be sufficient to detach all the viscid matter adhering to the child; and it may be wiped off by a fine sponge or a soft flannel cloth. This will prevent the chilling of the child by washing. However, washing with fine Castile soap and warm water is not objectionable, and may satisfy the fastidious cleanliness of the mother. This washing process should be as short as possible, and carefully done before the fire, lest the child is chilled.

The Umbilical Cord. Take a piece of linen (an old handkerchief is good) about six inches square; cut a hole in the centre of it; smear it all over with mutton-suet, and through the hole draw the cord; then fold this linen up so as to envelop the cord completely, and lay it upwards on the abdomen; then cover it over with a square piece, doubly folded, of fine flannel, and apply the belly-band, so as to secure it in its place, and prevent rubbing.

The Clothing. In dressing the child, care should be taken that the diaper is not *too thick or coarse,* as it would keep the limbs too widely separated. Otherwise, the child may be dressed as the mother desires, although I would suggest that the dress should be with high neck, and the sleeves

down to its wrist; thus maintaining equal circulation throughout the body, and avoiding exposure of its chest and arms when the child is taken up.

PRESENTATION OF THE CHILD TO THE MOTHER

After the mother has had some rest, and the child is dressed, it should be presented to the mother.

She will look with pride on her offspring; and the joy caused by the first sight of her babe will act beneficially on her mind and system.

Allow the mother then to tender the breast to her baby. The first flow of milk is the first medicine that the child receives. It is a natural laxative, to clear its bowels from the *meconium*, which is a dark mucilaginous matter. The act of nursing stimulates the breasts, and the reflex action stimulates the womb to healthy contraction.

Threatened hemorrhage has been suspended by this act.

If the mother is strong, the baby may be allowed to draw from the nipple for several minutes; *but if the mother be nervous and irritable, and the efforts of nursing cause violent contractions of the womb*, it should be taken from her, and placed in a soft warm bed.

If the child cries, and is restless after this, as if it were hungry, a few drops of sugared water may be given it.

Keep the room darkened, and *do not turn the child's eyes to the light.*

The room should have ventilation by allowing open a door that communicates with another room, *but no draught.*

WHEN COMPANY MAY BE ALLOWED.

The birth of a child is a source of joy and excitement in a household. Every member is impressed with the desire

to run and congratulate the mother. *This should be allowed only after the mother has had rest, and gives sure signs that she is in good condition.*

Let no one, in an outburst of joy, jump at her, but let them approach her calmly and happily. A great joy may be changed into a great sorrow by not adhering to these rules.

DISORDERS DURING THE ACT OF PARTURITION.

FALSE PAINS.

See "Rheumatic and Neuralgic Pains"; also "False Pains."

NAUSEA AND VOMITING.

If excessive during labor, give **Ipecac.** *Five drops of the tincture to a tumbler half full of water: one teaspoonfu. every half-hour until relieved.*

NERVOUSNESS.

Many women suffer excessively from nervous agitation and excitement during labor: they feel the pains acutely, lose their self-control, and lament in the most heart-rending manner. — *Peters.*

Dilute five drops of the tincture of **Ignatia** *in a tumbler half full of water, and give one teaspoonful every half-hour until comparative quiet is induced.*

SLOWNESS OR FEEBLENESS OF CONTRACTIONS.

In some women, this prolongs labor indefinitely, to their great peril.

The strength of the patient should be supported by broths or some light wine.

Dilute fifteen drops of the tincture of **Secale** *with five teaspoonfuls of water, and give one teaspoonful every half-hour until the pains increase in strength, and the intervals are shorter.*

Pulsatilla, from the 3d to the 200th, is greatly recommended also. Same dose.

SUSPENSION AND IRREGULARITY OF THE PAINS.

It not seldom occurs, that from mental excitement at the reception of exciting news, or from injudicious remarks, or from other causes, the pains become suspended. In this case, frictions over the abdomen, or titillation around the neck of the womb, or getting up and walking, is sufficient to bring them on again. If not successful, administer **Secale** or **Pulsatilla,** as advised for slowness of the contractions.

If the suspension is followed by distressing vomitings, sharp pains and cramps in the muscles of the back, abdomen, or legs, give **Ipecac** *and* **Colocynth,** *alternately, every five minutes, until relieved.*

If the pains are irregular; viz., some being strong, some weak; first on one side, then on the other; returning at different intervals; the patient becoming distressed, despondent, and feverish; her face turgid, her limbs convulsed; give her **Belladonna (3d)** or **Opium (3d).** *Five drops to a tumbler half full of water; one teaspoonful every fifteen minutes.* If this condition subsides under the effect of these remedies, but the pains remain weak, follow up with **Secale,** as above said.

Whenever these irregularities occur from some organic

derangement of the parts (such as rigidity of the neck of the womb or the vagina, from former disease), or from some malformation, a skilful physician should be called.

HEMORRHAGE BEFORE, DURING, OR AFTER THE DELIVERY OF THE AFTER-BIRTH.

See "Flooding."

TREATMENT AFTER DELIVERY.

AFTER-PAINS.

The pains after delivery are generally caused by the natural effort of the womb to contract itself to its natural size. They are spasmodic, and may be very severe. Sometimes they arise from a constipated condition of the bowels, sometimes from retention of urine in the bladder. Some think they are produced by the presence of clots of coagulated blood in the womb, which it tries to expel.

If they depend upon flatulency, or constipation of the bowels, **Nux Vomica** *every two or three hours.*

If from retention of urine, **Cantharides.**

But the most homœopathic remedy for these pains is **Secale.** *Two drops of the tincture to a tumbler half full of water, one teaspoonful for a dose, repeated every hour or two.*

URINE.

It often occurs, after delivery, that a patient does not pass her water for thirty-six or more hours, without pain or inconvenience; while some others feel occasion to pass large amounts of fluid from the bladder shortly after delivery.

The nurse should ascertain the condition of the bladder, and should not let the patient go without passing water longer than twenty-four hours.

Sometimes the patient feels as if she were deprived of the power of straining; in fact, as if the parts were paralyzed. In such a case, there is a very simple and effectual means to cause the passage of water without any trouble. *Let the nurse pass water before the patient, so that she can hear the water dripping in the vessel.* This seems to awaken the nerves of the urinary parts to action through the mind, and the patient will then feel the desire to pass water herself: she should encourage this feeling, and will be relieved. This process may be substituted by dropping water slowly into a vessel. Should this not succeed, apply cloths, wrung out of very warm water, to the vulva. If this does not succeed, see "Treatment of Retention of the Urine."

The physician should be informed if urine is not passed within twenty hours after delivery.

LOCHIA, OR DISCHARGES FROM THE WOMB.

Lochia is the name applied to the matters that escape from the genital organs of the mother after the delivery of the *secundines* (after-birth and membranes). They play a very important part in the welfare of the patient, and should be carefully noticed. While it is very variable in quantity in different cases, and even in the same patient at different times after delivery, it may, perhaps, be taken for an average, that she will have occasion to employ the nurse to remove six napkins, well filled, during the first six hours, four during the second, two in the third, and one in the last six of the twenty-four hours after delivery. She will probably require, on an average, a napkin every six hours.

These discharges change also in quality. While in the first six hours they may be composed of pure blood, later they become more and more watery, which can be detected by the yellowish hue they assume, and by the paleness of their color, until after the sixth day, when the color of blood has almost entirely disappeared. The lochial discharge is

apt to be more copious in women who have borne many children, who have been subject to profuse menstruations, and who have been addicted to stimulants and rich diet.

A sudden cessation of these discharges before the twelfth day is of sufficient importance to apprise the physician without delay. The consequences may be serious.

The milk-fever has the effect of greatly lessening these discharges; but, as soon as lactation is established, they should re-assume their previous vigor.

If the sanguineous lochia is prolonged far beyond the usual term, it may be an indication of inflammation of the womb, of some lesions of the parts, or of careless mismanagement in diet or regimen. Inform your physician of it.

In some instances, these discharges persist on account of general debility, and assume an exceedingly disagreeable odor.

TREATMENT

To bring them on after suppression, apply moist and warm applications to the vulva; also injections of infusion of **Chamomile Flowers**, warm.

Aconite. *Five drops of the tincture to a tumbler half full of water. One teaspoonful should be given every hour or two,* when the suppression occurs after delivery, and the patient has pains or inflammation in the abdomen, with *anxiety, fever,* or *congestion to the head and chest.* In case the abdomen should be painful at the least pressure, apply the tincture of aconite freely upon it, particularly over the region of the womb.

Belladonna. *Six globules of the 3d.* Offensive lochia; feeling of heat in the parts; *flushed face* and *injected eyeballs; delirium* and *frightful visions;* pains in the region of the uterus, *coming on suddenly,* and *finally leaving as suddenly.—Guernsey.*

Bryonia. Dose as Belladonna. Suppression of the lochia, attended with backache, *severe stitches in the side, and cough,* intense headache, pain in the breasts.

Calcarea carb. *Six globules of the 30th.* Profuse lochia in women who have been subject to profuse menstruations, and who are of lymphatic temperament.

Colocynth. *Six globules of the 3d.* Suppression of the lochia, *with violent colic,* flatulency in the stomach, and tendency to diarrhœa.

Hyosciamus. *Six globules of the 3d. Restlessness* at night, or soporific sleep with frightful dreams.

Pulsatilla. *As Hyosciamus.* If the milk become suppressed, together with suppression of the lochia; or the lochia assume a milky appearance.

Sepia. *Six globules of the 30th.* Suppression of the ochia, accompanied by severe and constant *pain in the back;* the lochia is offensive.

Secale. (See "Hemorrhage.")

INFLAMMATION OF THE MUCOUS MEMBRANE OF VAGINA AND WOMB.

Severe labor induced by a large child or a small outlet of the mother is apt to be followed by such contusions of the parts as to create inflammation and pain after delivery. The soft parts of the patient are very sore; the discharges more than usually offensive; and the patient is feverish, weak, and restless. This inflammation may bring on retention of urine (which see). The abdomen may be perfectly free from tenderness, yet the soft parts be so sore as

not to be able to bear the slightest touch; even the limbs have to be kept apart to prevent the slightest pressure.

TREATMENT.

Warm emollients, applied to the parts, or injected into the vagina, are useful. For such purpose may be used a decoction of **Flax-Seed, Slippery Elm, Marsh-Mallow,** or **Poppies.**

Arnica. *Six globules of the* 3*d* should be taken internally.

If the inflammation goes on to suppuration, and the discharges become very dark, foul, and offensive, pimples appearing about the lips of the vagina, the following wash will be found very useful: —

Labarraque's solution of **Chloride of Sodium,** one ounce water, one pint. Bathe the parts, and inject into the vagina two ounces of this solution, three times a day.

Arsenicum (3d) should be taken internally while this wash is applied.

CHLOROFORM.

The propriety of using chloroform in midwifery has been very much debated among medical men; and, while some use it without fear, others would not give it under the most pressing circumstances. In this question, however, it is experience that must decide. Those who would not try it under any consideration will hardly have an opportunity to know its success; hence their judgment is rather the offspring of prejudice. Many have tested the practice, and bear testimonials in favor of it. Prof. Simpson of Edinburgh states, that, in many thousand cases of labor in which chloroform has been administered, not one case of accident has been

recorded. To this testimony, I must add my mite of confirmation, although I never administer it unless requested by the patient and the husband to do so.

J. M. Ward, Professor of Obstetrics and Medical Jurisprudence, in his valuable monograph on "Chloroform in Midwifery," says, "It is not necessary in midwifery to induce a full and perfect state of etherization, except when an operation upon the mother is necessary. The object, in simply severe labor, is to moderate or diminish the suffering. So true is this in practice, that cases are constantly occurring, in which etherization is induced, and the patient herself determines the extent to which it shall be carried, by a partial or perfect inhalation of the anæsthetic. In the intervals of uterine contraction, the instrument is removed by the patient, or by her direction given in some way, and which is at once understood. She knows when the pain is coming on, and demands the inhaler. She graduates the supply, so to speak, to the demand; and in this way is presented to the observation of the practitioner one of the most important and interesting agencies in operation for relieving suffering, which he ever observes.

"Patients of delicate nervous temperament often suffer severely from nervous agitation. Great nervous excitement marks the first stage of labor, and sometimes continues through the whole period of parturition in females of such a temperament. A degree of nervous apprehension marks the commencement of each pain: they feel their pains most acutely, lose all control of the will, and express their suffering in the most heart-rending manner. To such conditions of system, chloroform seems to be so admirably adapted as often to act like a charm in dissipating the patient's suffering, and, when the system is but partially brought under its influence, to fortify it by soothing the nervous system. It checks those irregular and spasmodic pains which retard the proper expulsive efforts, and, by taking off

the resistance which the will offers to the contractive pains, shortens materially the duration of labor. Chloroform, unquestionably, is the most reliable remedy for taking away the anguish and distress, which often proceed to such an extremity of suffering as seems unendurable by the patient, and saves, too, the practitioner and friends from the pain of witnessing those struggles and that agony which often completely unnerve them.

"This suspension of muscular action and muscular resistance saves the patient from the exhaustion attendant upon ordinary labor, and enables her sooner to recover from the effects of labor upon the system; protects her from the shock the nervous system sustains, as well as the soreness so common from the strain of the muscles; and inasmuch as the patient is saved from exhaustion, so is she from the diseases of the puerperal state dependent upon the exhaustion of nervous power. Hence we are warranted in saying, chloroform not only saves the patient from the pains of labor, but, measurably, from the perils of childbirth."

Chloroform, however, should never be administered to patients who have been affected by disease of the heart or the brain, or who are then suffering from asthma, and disease of the lungs.

It should be administered by a skilful medical man, and practitioners, except in cases where there is necessity of an operation, should not *offer* the administration of chloroform: they should only act upon the request of the parturient and the husband.

The chloroform should be of the purest kind: it should be obtained from the most reliable apothecary.

In the administration of it, care should be taken not to debar the patient entirely from the inhalation of air. This can be done by rolling a napkin in a cornucopia shape; put within it a small sponge impregnated with chloroform. The

cornucopia is then applied between the nostrils and the upper lip, leaving thus the mouth free to inspire atmospheric air. From one to two minutes will be required to produce a sensible effect on the patient. This is done a little before the pain commences, and is discontinued as soon as it is evident that she is indifferent to the pain, or as soon as the pain is gone.

It should be administered on an empty stomach; and, if the effect is bad, a little wine, brandy, camphor, or aromatic spirits of ammonia, can be administered. Let there be plenty of air in the room and around the patient, and fan her between the periods of administration of chloroform.

PART III.

THE NURSING AND REARING OF INFANTS.

LACTATION.

MILK-FEVER.

After delivery, the most important function for the welfare of the mother and the life of her baby is the natural mode of feeding. The process of the formation of milk in the female breast during her lying-in state is called the *Milk-Fever*. Although a truly natural and normal process, it does not occur without creating some disturbance in the woman's system. Immediately after delivery, the breasts yield, on suction, a liquid of a yellowish color, and of a sweetish taste, called, in medical parlance, *colostrum*. This milk seems to act like a gentle and necessary purgative on the child. For twenty-four hours, it retains these qualities, when it becomes whiter, and of different consistency.

Forty-eight hours after delivery, the breasts begin to swell; and this change is attended by a slight chill, thirst, and perhaps headache: this state is followed by heat, dryness of the skin, which is succeeded in a few hours by a copious perspiration. The fever lasts from twelve to forty-eight hours, sometimes even three or four days.

During this febrile condition, the enlargement of the breasts increases, until, in some cases, the distention is so great as to become exceedingly painful, and even to invade the armpits, which prevents the bringing-down of the arms alongside of the body.

This distention of the breasts should be relieved by the

suction of the child; and in cases where the nipples are so drawn in that the child's lips cannot grasp them, or where the child is so weak that its attempts fail in drawing any milk, or do not draw sufficiently to relieve the breasts, the nurse, or an older and stronger child, should be applied to the breasts. Some nurses are very skilful in thus emptying the breasts by the suction of their own lips. Should not this be obtainable, and should the milk increase so fast as to apprehend an incursion of inflammation, a breast-pump should be used; and, should even that be not at hand, a young pup will perform the needful act very satisfactorily.

The best breast-pump is that which is made partly of glass, and partly of gutta-percha. The glass part contains the mouth, which is to take in the nipple, and a glass bulb as a receiver of the milk: the gutta-percha part is a syringe with a piston. It is the easiest and most successful instrument for that purpose. As the force of suction can be controlled by the person applying the pump, the pain often caused by the act can be avoided by drawing and pushing the piston slowly and gently.

This pump is also the best instrument to use when the nipples need being moulded to a shape that will go into the baby's mouth, or drawing them out when they are sunk into the breast.

M. Béluer, in his investigations to determine the precise period at which the flow of milk takes place, found, that of 974 women, in 22 it occurred within the first day after delivery; in 170, on the second day; in 347, *on the third day;* in 266, on the fourth day; in 100, on the fifth day; in 22, on the sixth day; in 5, on the seventh day; in 4, on the eighth day; and, in 1, not until the eleventh day: so that the rule of largest average places the time on the third day.

By the time the fever is over, ordinarily the secretion of milk is very abundant, and the breasts have attained their greatest distention. If the child draws well, they are emp-

tied every time it sucks, and no engorgement is to be feared; but should the child not draw, or the mother choose not to nurse her infant, the greatest precautions are necessary to prevent engorgement, inflammation, and suppuration of the breasts. For this purpose, every thing tending to the formation of milk should be avoided. The diet should be a very spare one; and the drinking of ale or other stimulants prohibited.

Warm emollient applications, such as **Flax-Seed-Meal** or **Slippery-Elm** poultice, should be made to the breasts unremittingly, with a view to excite perspiration that will relieve the tension. The precautions of drawing the milk as above described should be adopted. Even the application of camphorated ointment is very useful in diminishing the quantity of milk. A strong infusion of sage, taken in doses of one or two ounces, every three hours, is said to greatly diminish the secretion of milk. An ointment of the **Extract of Belladonna,** reduced to the consistency of thick paste, spread around the nipple for an inch and a half beyond it, has been used with great success in reducing the mammæ and the knots into a flaccid, comfortable state. This, used in time, may prevent gathering of the breast. — *Dr. Goolden.*

Iodide of Potassium, *in doses of from six to eight grains per diem,* and in less quantity, has had the effect in moderating the secretion of milk. This, also, is found useful in arresting an impending inflammation of the breasts. After the cure, and the suspension of the Iodide of Potassium, the milk returns.

In cases where the breasts seem full of milk, and yet the child is not able to draw a sufficient quantity to satiate itself, or to relieve the breasts, the difficulty may be due to a clogging-up of the little ducts, which would require one of stronger force to draw and fairly start the flow: for this

purpose, the nurse or the pump should be employed until the milk flows easily; then apply the child.

A child may seem satisfied after a few moments' nursing, and even fall asleep; but it may soon wake again, and seek for the breast: this would indicate that its strength was exhausted in drawing for those few moments, or that the mother had not a sufficient quantity of milk to feed her child.

THE QUANTITY OF MILK

Varies in different women. A woman, although in every respect healthy, may barely be able to supply milk enough to supply her child; whilst another may be able to suckle several at a time. Hygienic and moral influences affect also, the quantity of milk. The nurse's age, and the size and form of the breasts, are of importance, although women with very small breasts often give a profusion of milk. Women of lymphatic temperament, where fat predominates, are liable to have little milk; and a generous diet, instead of increasing its quantity, seems only to become converted into fat. Whatever may be said to the contrary, it is a well-proven fact, that even the quality of food influences more or less the formation of milk.

EXCESS.

Besides the means above described to diminish excessive flow, **Aconite** and **Bryonia**, alternately, may be taken with advantage, particularly if there is feverishness, and the breasts are greatly distended and painful.

INSUFFICIENCY.

A more distressing occurrence to both mother and child, however, is when the mother, through some constitutional abnormality, is not able to supply her infant with sufficient

milk. Every means that may increase the secretion of milk should be adopted. Her diet should be nutritious; and, should the deficiency of milk seem to depend upon her weak condition, some stimulant, as ale, or soup with wine, may be partaken of with great advantage.

TREATMENT.

Agnus Castus has been found very useful when the milk disappears without any appreciable cause; and the mother adds to her misfortune by brooding and despairing. *Three drops of the tincture every three hours.*

China. When there is debility from the loss of animal fluids, particularly blood, or from diarrhœa or leucorrhœa.

Assafœtida is very highly recommended. *Ten drops of the tincture, in a little water, should be taken every two hours.*

Anise-Seed and **Dill-Seed,** made into a tea, have been found useful.

A decoction of **Ricinus Communis** (the castor-oil-plant) is used with great success by the nurses in some parts of South America. They make a strong decoction of the leaves, and with it bathe the breasts two or three times a day. It is said, that, after a few applications, the breasts begin to swell, and very soon discharge milk. It is used by professional wet-nurses to prevent the drying-up of their milk, and thus ending their occupation.

Dr. McWilliam reports so strongly in its favor, that it is very well worth trying, as no bad effect can follow the application. It should be applied warm, of course, and even in the shape of a poultice. The breasts which are deficient in milk should always be kept very warm; and warm emollient applications are always useful.

Heydenreich Brothers, Chemists, at 169 Atlantic Street, Brooklyn, N.Y., now prepare a fluid extract of *Ricinus communis*, that is highly recommended.

QUALITY OF MILK.

Milk may be very fluent, and yet of a very inferior quality. To be good, it should be white, opaque, sweet, and of a very pleasant taste. It contains globules of fat or butter, caseine or cheese, sugar of milk, salts, and a little yellow matter. A drop of *good* milk on a plate of glass *will not run off easily:* it will maintain a globular form, and adhere somewhat to the glass. Not so with milk *deprived of its solids* it will run off *quicker than water* on the slightest inclination of the glass.

The *health of the woman nursing* is of importance; for, while one disease may cause the solids to increase, and, in proportion, the water to decrease, another, *vice versâ*, decreases the solids, and, in proportion, increases the water. The first will make the child liable to indigestions: the latter will deprive it of sufficient nutriment to maintain life.

The age of the mother. Very young and very old women's milk is apt to be watery and unnutritious.

Acute diseases tend to diminish the proportion of sugar, and increase the quantity of butter. In *chronic diseases*, the sugar remains the same; but the solids are diminished. The milk of consumptive nurses is very deficient in butter.

The inference is, therefore, that, when infants must be partly fed while the mothers are suffering from an acute disease, less milk, and more sugar and water, should be added to their food; and more milk, and less sugar, in chronic affections. — *Peters.*

Moral affections, such as sudden joy, grief, fright, anger, disappointment, will alter the milk in the mother, and render it even dangerous to the child. When this is the case, the mother should refrain from nursing her infant until she is quite composed, and her breasts have been, once at least, thoroughly emptied by the pump, or otherwise. Spasms and death to the infant have occurred in consequence of disregarding this precaution.

In nervous women, the milk is apt to be very thin, and of a greenish color.

Menstruation. While, in some instances, women, although menstruating while nursing, have thriving infants, there are many whose milk deteriorates so much as to be insufficient for the nourishment of the child. This is soon discovered by observing that a child, although in apparent health, constantly loses in strength and flesh.

Pregnancy during lactation is a very unfortunate occurrence.

It will not require a great strength of intellect to understand that the mother could not supply food to a being in the world while she is supplying food to one in her womb. One of the two must suffer; and as the sympathy that exists between the womb and the breasts is such, that the latter are always affected by the conditions of the former, it will be so in this case; and the milk will so deteriorate in quality as to be totally unfit as food for the child.

The most experienced accoucheurs advise pregnant women to relinquish nursing from the moment that they find themselves pregnant. Isolated cases in which a woman has succeeded in raising a healthy, thriving child by her own milk, while she was pregnant, are not sufficient reason for a woman to disregard this general principle.

Effect of certain alimentary or medicinal substances on

the milk. It is an indisputable fact that articles of diet or medicine impart to the milk some of their properties, which are conveyed to the child through nursing. One has only to eat garlic to detect the odor, or saffron to detect the peculiar color, in the milk. Anise-seed tea, taken by the nurse, has cured flatulent colic in babies; and a purgative taken by the nurse has often purged the child. In hereditary diseases, doctors have cured the child by treating the nursing mother.

This experience should be sufficient to caution the nursing mother against the use of such articles as onions, beans, cabbages, spirituous liquor, medicines, and all such things as are known to affect her disagreeably.

Nurses who are poorly fed will find that the quantity of water in their milk is apt to increase; while, in those who indulge in the pleasures of the table, the solids will increase the former will make but poor milk, the latter too rich. A sensible woman can easily avoid these difficulties, and raise a healthy baby by adopting a reasonable diet.

Violent exercise will affect the milk. The mother should never run home, and, as quickly as she enters her chamber, open her breast to the child. She should rest an hour at least after returning from a heated walk, cool down, and then nurse her baby.

INCONTINENCE OF MILK.

The retentive power of the mouths of the milk-ducts on the nipple is sometimes so greatly diminished as to permit the milk, when formed, to flow away continually. A want of tone in the fibres of these ducts is the cause of the incontinence. This may be a source of serious trouble to the mother, who, besides regretting to see the fluid that is to nurse her child flow away from her, is annoyed by the discomfort of having her clothes kept constantly wet.

Nipple-glasses well applied will prevent the milk from running over the dress. Such glasses are found in every drug-store. Still they should be used only when absolutely necessary; for, having the air exhausted in order that they may adhere to the breast, they draw, thus keeping on the flow which should be prevented.

TREATMENT.

Borax. *Of the first decimal trituration, one powder of two grains should be taken every two hours.*

Borax or **Alum** lotions may be used externally with advantage.

TOO ABUNDANT SECRETION.

The formation of milk may be so rapid and excessive as to greatly endanger the health of the mother. General debility, loss of appetite, a sensation of heat in the stomach, pains and dragging sensations in the back and chest, are symptoms that will soon make their appearance. If this is allowed to continue, the "nurse's consumption," so called, may be brought on. The patient gets weaker and more emaciated every day, until hectic fever sets in as the precursor of an early death.

Weaning is, in such a case, peremptory, in order to save the mother's life. As soon as the milk ceases to form, the patient gains in strength; and a change to the country will greatly assist in her ultimate recovery.

EXCESSIVE NURSING.

Dr. Tyler Smith says, "The cases of insanity which occur as the result of excessive nursing are very similar to cases of puerperal insanity, only that their symptoms come on in a more gradual manner. When nursing women complain

of loss of sight or hearing, or headache, either their nourishment or stimulus should be increased, or suckling should be at once discontinued. Where there is any predisposition to insanity, mothers should not, if possible, be allowed to suckle their children. In all cases of this kind. the dependence of the mania upon exhaustion is abundantly evident. *It is especially likely to happen when pregnancy and lactation are allowed to proceed simultaneously.*"

Leddam gives the following symptoms indicating that nursing is affecting the mother: "A sinking and fainting in the region of the stomach with a sense of emptiness, which lasts a long time, and soon returns, even after food had been taken; a general weariness and fatigue; a want of refreshment from sleep; an aching and dragging in the loins, and pain between the shoulder-blades, or in the side, beneath the left breast; distressing exhaustion after the infant has been at the breast; the pulse is quick and feeble; the extremities cold; short breath and palpitation at the least exertion, or on going up stairs. If the cause is continued, headache and vertigo, noises in the ears, numbness of the extremities, impaired vision, loss of memory, irritability and despondency, with thirst, dryness of the tongue, and night perspiration, ensue. Pulmonary consumption may be developed; leucorrhœa, dropsy of the face and feet, profuse menses, neuralgic affections, supervene; and mania has not unfrequently formed the sequel."

These symptoms are sufficiently formidable to warn women against too much and too long continued nursing. The fact that the child thrives is no reason for them to sacrifice their life, when other means can be found to supply the child with food that will be equally good for it.

TREATMENT.

Weaning should be at once commenced: the attempt to force the supply of milk by large and frequent quantities of

beer, wine, or spirits, will only tend to the more perfect exhaustion of the mother. If cocoa, wine-whey, weak milk punch, caudle, cheese, &c., aided by frictions of the breasts, do not suffice to keep up the strength of the patient, and a full supply of good milk, all further attempts should at once be abandoned. — *Peters.*

Ferrum and **China,** 1*st trituration or dilution,* will meet the case whose symptoms are weakness, noises in the ears, palpitation of the heart, swelling of the feet or face, sleeplessness, night-sweats, and leucorrhœa.

Causticum. When the nervous symptoms predominate, accompanied by headache, noises in the ears, dimness of sight, great appetite, but with a sense of sinking and emptiness soon after eating, despondency of the mind, and twitching of the muscles.

Calcarea and **Phosphorus.** Alternated every two hours, in cases where the symptoms of the chest predominate, such as cough, dry cough, weakness of the chest, tendency to bend over, bluish paleness of the face. **Calcarea** particularly in patients who are supposed to be tainted by scrofula.

These remedies, when well selected, should be continued for a long time.

THE MOTHER TO NURSE HER OWN CHILD.

Can a mother in good health substitute a better nourishment for her own infant than her own milk? No. Whatever art or science may invent to replace the mother's milk, they will only succeed approximately, never intimately. Therefore, the mother who willingly refuses her breast to her babe lacks the very fundamental attribute of a mother, — love for her offspring. She is willing that

her babe should have an indifferent or noxious diet rather than its natural food, inherited, and due to it as the most sacred of its rights. An unnatural mother she must be who is willing to relinquish the creature of her love to a cow, a she-ass, a goat, or to a woman, who, even from necessity, makes a trade of her breast. Morally, I should abhor the mother, who, conceited of her own beauty, enslaved by her own pleasures, held by the relentless grasp of fashion, could hush her maternal instincts, and refuse her bosom to her appealing infant, to plunge herself into the vortex of self-indulgence. The result may be frightful in the extreme. What if the nurse inoculates some hidden disease to the child? What if an error in the preparation of artificial food should cause an indigestion that would carry the darling to its grave? Would her apology, that other women have successfully raised children "by hand," hush and soothe the pangs of remorse that would overwhelm her, unless she is so far gone and hardened in self-indulgence as to be proof against the piercing throes of moral consciousness? Better better never to have seen this godly offspring of your affections, than bear the guilt of its extinction.

THE MOTHER NOT TO NURSE HER OWN CHILD.

Ill health, constitutional diseases which would make nursing a source of danger to the mother's life, or to the well-being of the child hereafter, and these only, should debar a woman from nursing her own infant. Slight irregularities, want of robustness and vigor, should not be too easily used as a pretext to relieve one's self of this duty. Women who have very small breasts, and a delicate organization, supply often an abundance of good milk to their infants, with benefit to their own health. It must be borne in mind that this is a natural process, and that, therefore,

there is more danger in not performing it than in allowing it to have its natural course. Nursing will prevent the engorgement of the breasts, abscesses, fissures of the nipples, and other difficulties a newly-delivered woman is liable to when she does not nurse. A woman of scrofulous constitution, one addicted to recurring diseases of the skin, or subject to hereditary diseases, — as insanity, consumption, syphilis, inflammatory rheumatism, gout, disease of the heart, — should not nurse her infant. In any such case, however, her physician should be consulted.

Deterioration of milk is a sufficient cause to prevent the mother from nursing. (See "Quality of Milk.")

EXTERNAL CAUSES TO PREVENT NURSING.

MALFORMATION OF THE NIPPLE.

The nipple may be more or less developed, and, according to its development, it may present more or less difficulty to nursing. There are instances in which the nipple is almost entirely obliterated, or has never been allowed to develop, through an early pressure made upon the breasts by tight corsets, and by false compresses, used to improve the appearance of the shape, or to make a dress fit according to fashion.

There are instances of natural malformation, also, where the nipple not only does not project, but actually occupies a depression, rendering it impossible for the child to get at it.

Whenever such difficulties exist, the woman should adopt early precautions to improve the conformation of the nipple. A very good method, one which gives but little trouble, as it requires no assistance, is the daily application of the pump to the breasts two or three months before labor. Let the pump be applied so as to take the nipple within its chamber; let the air then be exhausted by withdrawing

the piston, and the nipple will be pressed within the cham ber, very much elongated. It should be retained there for fifteen and twenty minutes each time; for thus may be gradually produced a well-shaped nipple where there was but an incipient one. After the application of the pump, wash the nipple and the surrounding areola with arnicated water, or with glycerine, or any fatty matter that will keep the skin supple, and prevent excoriations. The nipple-shields that are used to project the nipple by compressing around it through the pressure of the corsets are not very successful; and the constant pressure might cause ulceration: hence this mode cannot be recommended.

Suction by the husband or by an intelligent nurse is not only effective, but more natural, in the preparation of the nipples. This should be done twice a day. After each time, the nipples should be washed with arnicated water, and covered with wax, as follows: take a piece of white wax, immerse it in warm water to soften it, spread it out, and then press it around a finger so as to give shape to it; then apply it so as to retain the elongated nipples within it. Another method to elongate the nipples is to tie a bit of woollen thread or yarn two or three times around the base of the nipple after having it gently pulled out with the fingers. It should be tied snugly, but not enough to impede the circulation: it can be worn three or four weeks.

These processes should be commenced about two months before delivery, and continued until the nipples maintain a good and prominent shape.

The same treatment may be used during nursing, if the nipples are too short.

In case a child is so weakly as to be unable to draw from a short or an ill-developed nipple, let a stronger child nurse first, so as to give it shape, and cause the milk to flow freely. It may be necessary even to allow the weakly baby to nurse from an easy breast until it has become strong and vigorous.

INFLAMMATIONS AND DISORDERS OF THE NIPPLE.

During nursing, *erosions*, *excoriations*, *chaps*, *fissures*, and *cracks* of the nipples, often occur, which render nursing not only painful, but unbearable. After nursing, do not expose the nipple to cold, but wash it with warm water, and protect it. The exposure of the nipple to cold may bring on an inflammation, which may be followed by ulcerations, chaps, and crackings. Women of a fine and sensitive skin are very liable to these troubles in the first month of lactation, and should therefore be particularly careful; for the pain caused by the child's seizing the nipple may be so great as to cause even an affectionate mother to relinquish nursing. Mothers of a very delicate skin should make the effort to harden the nipples before delivery; and this can be done by gentle frictions with the dry hand, by repeated and daily applications of arnicated water, glycerine, or tannin. An ointment which may be applied with gentle frictions on the nipple for a month before delivery is the following: **Cocoa-Butter,** two drachms; **Oil of Sweet Almonds,** two drachms; **Tannin,** two drachms.

Alum-Water, Weak Brandy, and a **Solution of Borax,** have been variously used with success in preparing the nipples for nursing.

When these erosions, cracks, and excoriations are present, nursing should be done as rarely as possible, so as to give time to the ulcers to heal. Great care should be taken to wash the nipples after each nursing; first with warm water and white castile-soap, then with a solution of borax or alum. They should then be covered up with collodion. **Collodion** should be spread over the cracks and excoriations with a camel's-hair pencil: it will make a pellicle impervious to the air. If the baby's milk sours on his stomach, wash the nipple with lime-water. If the baby has the thrush (mi-

nute ulcers in the mouth), wash the nipple with a solution of **Borax.**

Glycerine may be applied with benefit. **Glycerine** and **Tannin,** equal parts, is an excellent application. The nipple should be well washed, however, before offering it again to the child.

For applications of ointments or solutions containing mercury, nitrate of silver, sulphate of zinc, or other powerful astringents or minerals, the physician should be consulted.

An artificial nipple or shield may be used with great relief to the mother, if the child can be made to take it. To induce the child to take it, fill it up with warm milk as you apply it to the breast: as the child feels the flow of milk in his mouth, he will grasp it, draw the milk it contains, and, as the air between the shield and the nipple becomes exhausted, the shield will cling to the breast, and the process of nursing will go on with much less pain to the mother The cracks will open even then; but they would not be exposed to the friction and pressure of the child's tongue, and would therefore have a better chance to heal.

Internal treatment, although I doubt its efficacy as long as an external irritation is kept up, is suggested by many, and may prove useful when the local irritation induces an excitement of the whole system. **Graphites, Sepia, Arnica, Sulphur,** may be tried.

MIXED NURSING.

The subject of "Insufficiency of Milk in the Mother's Breast" has already been treated. That paragraph, however, treats only of the manner by which the quantity of milk may be increased. When the quantity cannot be increased on account of some constitutional disturbance, or of some conformation of the breasts, the necessity follows, that the

child must receive some other nursing besides that of its own mother.

Mixed nursing is one of the most dangerous modes of raising children, unless great care is taken that the mixed food does not produce derangements of digestion.

It often happens, that, after two or three months' nursing, the mother becomes aware that her milk does not satisfy her child, and that, although in perfect health, it loses flesh all the time. The necessity is then apparent that the child must receive some other nourishment besides its mother's milk.

A wet-nurse is the first means to be thought of to supply this deficiency, provided the mother can be reconciled to share with another being the nursing of her own child. We cannot but sympathize with the mother who is too jealous of her baby's love to allow any other woman to rob her of a part of it, and could not insist upon her relinquishing her maternal instincts, and taking a wet-nurse. In this case, cow's or goat's milk, or other things, as suggested in "Artificial Feeding," should supply the deficiency. This should be done, however, as soon as possible; for, the more the child becomes accustomed to the breast, the harder it will be to make it take the bottle.

When mixed nursing is adopted, the mother should nurse the child in daytime, and feed it by the bottle at night: this will insure a good night's rest to the mother, so much needed for the formation of milk.

After the fourth or fifth month, if the mother's milk still decreases, or becomes deteriorated in quality, or if the mother's strength greatly suffers in consequence, it would be well for her to give up nursing altogether. At this age, children under artificial feeding thrive better than they do at an earlier age, and there is little to fear for their welfare. At this age, many people commence feeding children with paps and panadas; and as they are often successful, par-

ticularly if the child thus fed is of a vigorous constitution, they advise others to follow their example. I must insist, nevertheless, that a child under ten months of age is safer when fed by cow's, goat's, or ass's milk, than by farinaceous food, however well it may be prepared.

RULES TO BE OBSERVED IN NURSING.

When the child is presented to the mother commences that period of nursing, which, with few modifications, is to be continued for many months. All the paragraphs in this work, treating of "LACTATION," should be carefully perused and observed by the mother, to enable herself to maintain a good quantity and a good quality of milk for her child.

Good habits are as conducive to the welfare of an infant as they are to a grown person. Habits are acquired through a persistent method of application, and, when formed, our system responds to them with regularity: a child may thus become thoroughly regulated by the will of the mother. Regular habits will greatly contribute to the well being of the infant; for its intervals of rest, sleep, or nursing, need never be interfered with, and the equilibrium of the functions of its organs so well maintained, that it could not get sick except through accident.

Regular habits is the first lesson in the education of that being which can only grow by the fulfilment of all the laws of Nature. As the child commences with purely an animal life, so feeding is its first act, its first thought, its first desire, in maintaining its existence. Feeding plays the most important part in the sustenance of its animal life. And, as the child cannot for some time bring its animal instincts under the discipline of reason, it follows that the mother must impart to it, through a method consistent with the requirements of nature, those habits which will be conducive to its well being. Only a woman who has brought up chil

dren regularly and irregularly can tell the ease and comfort derived from the former, and the difficulties and annoyances derived from the latter. Hence make your rules for nursing, and adhere to them with a pertinacity worthy only of a mother who loves her child.

Nurse your child at stated hours, and do not deviate by a minute: soon you will have the happiness to see that your child will awake only at those hours, as regularly as the hand of the dial points to them. The intervals will be periods of refreshing sleep to the child, and of needed rest to the mother.

During the day, for the two first months, if your child is vigorous, nurse it every two hours; during the third and fourth months, every three hours; after that, every four hours. Should you do otherwise, and should you nurse the child every time it cries, you will overload its stomach, without giving it a sufficient time to digest the food; an error that will tend to gradually derange the digestive functions, and induce all its fearful consequences of indigestion. Besides, the child will soon begin to know that it can nurse whenever it cries; and then it will cry very often, and give signs that it wants the breast every time. Should its cries sometimes be only the result of nervousness or uneasiness produced by indigestion, your nursing, instead of relieving, will only add fuel to the fire. Slow digestion will cause flatulence, flatulence will cause colic; and when you think that the child cries and desperately throws itself about for food, it is only giving notice that it has cramp-colic in its belly. The fact that nursing often quiets the child is taken as an indication that it needed food. That is a mistake: a little more food may stupefy it, rendering it less conscious of its pains, but this is only temporarily so; in a little while, the child will cry and writhe worse than ever.

Children may cry even without any appreciable reason; it is a way they have sometimes to entertain themselves;

they, too, like to hear their own voice. If that indulgence does them no harm, let them cry: their lungs will receive the benefit of this muscular action.

The cries of hunger, which may occur soon after feeding, if the mother's milk is poor in quality, are generally accompanied by throwing the little arms about, turning the head to the breast, and opening the mouth to every thing offered.

If the child is weak, and can nurse only a little at a time, it may, of course, be necessary to nurse it oftener; but this should be done only with a perfect understanding of the child's condition.

At night, the child should not be nursed as often as during the day. For the three first months, nurse it when you put it to bed, say six or seven o'clock, P.M.; then at eleven or twelve o'clock; then at five or six, A.M. After that period, you may omit the midnight meal, and, if the child wakes, give to it a sip of water. This method will secure many an hour of good sleep to the mother, and give wholesome habits to the child.

A child in good health generally wakes spontaneously when it needs nourishment. Some children, however, are slow in taking the nipple. In that case, wet the nipple with a little of the milk, and titillate the child's mouth with it until it takes hold. When the child does not wake, through constitutional weakness, it should be wakened at stated periods. If it is very weak, it may sleep almost constantly, and the mother may rejoice at the quietude of her infant; but she will soon find that the child is less and less inclined to nurse after each prolonged sleep, that it cries very weakly, and is ready to go to sleep again. Such evidence of weakness is dangerous in the extreme; and the child should be at once undressed, taken to a warm fire, and rubbed briskly with a flannel moistened with some stimulating substance, as alcohol, whiskey, brandy, or camphorated spirit; and, if the child is still disinclined to nurse, milk should be drawn

from the breast, and given with the spoon until there are signs of restoration of strength. It should be wakened every hour or two, and fed as above, until it is able to take the nipple, and nurse itself.

It is difficult to say how long a child should nurse; for what is plenty for one may be too little or too much for another: but, if in good health, the child may be allowed to nurse until it is satisfied, for Nature will relieve it by a good throwing up if it has taken too much. If the act of nursing lulls it to sleep before it has had a fair allowance, wake it up, and it will go on nursing again. As soon as it has had enough, and drops asleep, put it in its cradle: do not retain it one minute longer on your arms, lest it might take cold, or contract such habits of sleeping out of its bed, that will be difficult to conquer when the holding the child becomes a labor, and ceases to be a pleasure.

While the child is at the breast, notice if it swallows; for often it plays with the nipple without drawing the milk: the act of deglutition is very apparent by the motion of the throat.

Never neglect to make the child *nurse at both breasts* during the same meal: this will prevent engorgement of one breast while the other is emptied, and will also accustom the child to lie on either side without preference.

In case the breasts become so distended with milk as to be painful to the mother, and make it difficult for the child to hold the nipple deeply embedded in them, the pump should be applied, and some milk drawn before nursing.

Breast-glasses or reservoirs can be worn by the mother. The air in them being rarified by breathing hot air within them, they will gently draw as they cool, and receive milk that will flow from the over-extended breasts even by the pressure of the dress. These will act twofold: they will relieve the breasts, and save the dress from being constantly wet and soiled.

Nursing women require rest and sleep for the formation of plenty of good milk: consequently they should not keep the baby in bed with them; for it will soon learn its way to the breast, and nurse all night, even unknowingly to the mother. This would be very injurious to the child, besides exposing it to the accident of crushing or suffocation. If the mother has an attendant, let the latter carry the child to her at the stated periods; if not, and the mother is compelled to keep the child in her own room, it is better that she should get up and take her child than run the risk of keeping the child in her own bed. A baby in her bed will sink lower than the pillow, and may eventually be covered over by the bed-clothes, compelling it to breathe the impure air emanated under them, while the purest air is necessary to its existence.

Do not expose your breast to the cold air; for, in its sensitive condition, it is liable to take up inflammation, which will end in abscesses or gathered-breasts, commonly called, so terrible to the mother, and dangerous to the child: avoid, therefore, nursing a child while taking a drive in a carriage, unless it is in a warm summer day.

Never nurse a child immediately after a heated walk or a fit of anger: rest, and get cool. After a fit of passion, it would be better to draw out the milk with the pump, and wait for a fresh supply.

WET-NURSE.

The natural food for a child is woman's milk, not cow's or goat's. Whenever it is decided that the mother is not to nurse her infant, the breast of a healthy woman should be procured to fulfil the laws of Nature as to the child's diet.

In the selection of a nurse, the physician should be consulted. No mother should engage a wet-nurse without

her having been examined and indorsed by a skilful and conscientious physician. So far as her physical condition is concerned, he should be the only judge.

The appearance of the nurse should be one to indicate health and strength; her skin should be clear, and free of all eruptions. Enlargement of the glands around the neck indicate a scrofulous taint, which should be strenuously objected to. Cicatrices around the neck indicate a previous existence of enlargement and suppuration of those glands.

Although beauty should not be an indispensable attribute of a nurse, a good face, a pleasant expression, will be agreeable to the mother, who must make of this woman almost a companion for several months.

Intelligence, unstained character, and a general good disposition, are *necessary qualities* for a foster-mother.

A bad countenance is as repulsive to a baby as to a grown person.

The probity and morality of the woman should be above suspicion.

Since the moral, as well as the physical condition of the nurse, will influence the infant, it is important that she should be free of all vices and pernicious habits, such as a taste for liquors, an irascible temper, or a morose disposition. Violent passion can induce such an alteration in the milk as to be poison to the child. Affliction, care, and despondency in the nurse, will render a child nervous, peevish, and restless.

The age of a nurse should be inquired into; the ages between the twentieth and thirtieth year being the most suitable.

The woman should be cleanly in her habits, and moderate in eating and drinking.

If she has her own baby at the breast, its appearance will be a criterion of her ability to give wholesome food to a child.

She should put away her baby when she undertakes to nurse yours, for very cogent reasons.

The nurse should have been delivered three or four weeks before the mother, to be sure that she has regained her strength, and is free from all the irritations concomitant with the puerperal state. But as the woman's milk may be too strong for a newly-born baby, and, moreover, as her milk then will not contain the colostrum (that element found in the first flow of milk, which acts as a natural cathartic to the child to clear its bowels of the meconium), it is well to allow the child to nurse from its mother for a day or two, until it has dejected that blackish matter which would otherwise be retained as an irritant to its bowels.

A voluminous breast is not always an indication of a great power to supply milk; for, generally, it is fat that renders it massive. A small breast with large glands often supplies more and better milk.

For the quality of milk, the paragraphs on that subject will be applicable to wet-nurses as well as to mothers.

Although a nurse may be in a perfect condition when she is engaged, perhaps a month or two before she is required, she should be examined at the time she is to take the child; for in the interval elapsed her condition may have materially changed.

Should she become pregnant during nursing, she must be given up for another.

A woman who has nursed several children would be more acceptable than one who never nursed before; for her experience in handling and taking care of a child may be of great advantage, particularly if the mother is young and inexperienced. One who has several children is not apt to brood over the separation from her own child as a new mother would. It is true that a woman who has raised children may have contracted ways and habits which are objectionable, and which will be difficult for her to relin-

quish; still, even then, it is better than that the child should suffer from ignorance.

If a mother is compelled to engage a wet-nurse after having nursed her own baby for a few weeks or months, she should see that the nurse's milk is not much older than her own. A difference of two or three months would not be objectionable, if the baby is older than six months.

See that the nurse and her child are not affected by a sore mouth or sore eyes.

Should the nurse's milk seem too rich for the baby, she should not nurse it to repletion; and, after each time, she should make it drink a little sugared water: this would dilute the milk in the child's stomach.

REGIMEN AND DIET OF NURSING-WOMEN.

From the earlier paragraphs on "LACTATION," — "Insufficiency of Milk," "Quality of Milk," "Effects of Certain Alimentary or Medicinal Substances on the Milk," etc., — the mother or wet-nurse may gather by direct advice, or by inference, much instruction in regard to regimen and diet.

A woman who is to bear the fatigue of nursing and attending a child should be supplied with a generous diet. Rich beef-broth, beef, poultry, and game, roasted or broiled, should form the most important part of her meals. She may partake of vegetables, with the exception of onions, garlic, cabbages, carrots, and beans. Highly-seasoned food should be avoided, as well as an excess of mustard, pepper, vinegar, pastry, and other indigestible condiments. Coffee should be avoided altogether, and tea (black) used with great discretion. Green tea should be avoided.

Although the woman should eat enough to satisfy her appetite, she should take care not to overload her stomach;

for indigestion, vomiting, diarrhœa, or constipation would follow, to the detriment of the child also.

Rest, and freedom from anxiety and care, are indispensable.

Healthy exercise and pure air, avoidance of dampness and colds, in fact, every thing conducive to health and good habits, should be carefully attended to.

It is a common practice to supply a nurse with much food, and strong drinks, such as ale, porter, &c., to induce a plenty of rich milk. This is often a great error; for, in thus forcing her powers of assimilation, you may defeat the very object you want to attain, by rendering her liable to all the terrible effects of indigestion. It is also a common remark, that "mothers who are suckling may eat any thing;" but do not forget that bad food cannot make good milk any more than bad food can make good blood.

The hours for meals should be regular; and late dinners, or eating late at night, are not conducive to the health of a nursing-woman any more than to any other.

The use of tonics and stimulants should be avoided, except when ordered by the physician.

A wet-nurse should be allowed exercise according to her previous habits. Had she been a working-woman, she should be employed in light duties about the house. Was she a country-woman, do not confine her to heated chambers, but let her go often in the open air.

RAISING A CHILD BY HAND.

WHENEVER human milk cannot be procured, or, by reason of its disagreeing with the child, it cannot be used, some proper method of feeding must be adopted for the preservation of its life.

This is a subject of great importance, — one which requires all the attention of the mother and the physician; for statistics show that the mortality of infants is much greater among those who are raised by hand than among those who are raised at the human breast.

In different countries, and even among the mothers of the same country, different means are adopted to feed children artificially. And as each of these methods has its adherents, and each is, by turn, pronounced successful and unsuccessful, it becomes of great moment to investigate the merits and demerits of each before deciding upon one on which your infant is to be raised.

Cow's, goat's, ass's, and ewe's milk are used. "Solidified," "condensed" milk, farinaceous articles, and broths, are used. Infants have been put to the teat of animals.

A young mother, making inquiries among her lady-friends of how her child should be fed, will hear one or the other of these extolled or condemned, until she will be at a loss which to select.

Milk is unquestionably the best food for an infant. When woman's is not to be used, that of animals must be substituted. But, as each varies from the others in its constituents, an analysis has been made of the principal ones, in order to learn the proportions of the constituents as they exist in

each, to enable us to supply the deficiencies, or reduce the superabundance. In this way, the milk of animals may be rendered of the same quality as that of the human female.

The following table will serve as a guide: the fractions have been nearly all omitted, as unimportant, and somewhat confusing: —

Milk.	Specific gravity.	1000 parts contain		The solid constituents are composed of			
		Fluid.	Solids.	Sugar.	Butter.	Caseine.	Incombustible salts.
In Woman ..	1032	889	111	46	26	39	1.38
" Cow	1033	864	136	38	36	55	6.64
" Ass.....	1034	890	110	50	18	35	5.24
" Goat.....	1033	845	155	36	56	55	6,18
" Ewe.....	1040	832	168	39	54	69	7.16

From the above table, we learn that the solid constituents of **Ass's Milk** are arranged in the same manner as human milk; and it therefore suggests itself as the most appropriate milk for infants' food. The great objection to this milk is the difficulty in obtaining it; for while, in some countries, the ass is found in abundance, in others it is hardly found at all, and, even in those countries where it is found in plenty, its milk is very expensive. Ass's milk being deficient in oily matters, it is suggested that a little cream (about the twentieth part) be added to it. This milk possesses also some laxative properties, which are not always desirable. To counteract such an effect, Henry Marsh recommends heating it to a boiling-point; and others recommend the addition of about one fourth of lime-water.

Cow's Milk is the next substitute, and the most generally adopted. But as this milk contains more caseine, and less sugar, than human milk, it is necessary to dilute it with water, and sweeten it with sugar.

The degree of dilution must vary according to the age of

the infant. For the two first months, to the milk should be added an equal quantity of water; from the second to the sixth month, one third; afterwards, the child may have it pure.

A medium-sized lump of crushed sugar is sufficient for sweetening it.

The temperature of the milk should be as near as possible to the temperature of milk just drawn; namely, from 90° to 95° Fahrenheit. To prevent burning in heating it, the bottle containing the milk prepared for use should be put in a pan containing warm water, and there left until it has acquired the proper temperature. To be sure that you get it to the right temperature every time, a thermometer should be used.

The milk that remains in the bottle after feeding should *never be used again.* Every time the child is to be fed, the milk should be prepared afresh as recommended above.

The bottle should be kept scrupulously clean, and, once a day, it should be washed with scalding water.

The nipples, as soon as used, should be cleaned, and allowed to remain in water until they are wanted again.

The little sponges that are used to prevent the too great flow of milk in the nipple should also be carefully cleaned every time, and kept in water.

The *quantity* of cow's milk that a child should take each time will depend upon its age and upon its natural requirements; for while one child is easily satisfied, and thrives on two ounces of milk every two hours, another will require more. As a general rule, to an infant of one or two months, two or three ounces are sufficient; from the second to the fourth month, from four to five ounces; afterwards, from six to eight. This seems a very rapid increase of food; but as, in the latter months, the child is not fed so often, the quantity it takes in twenty-four hours is not so great as it may appear at first thought.

The *quality* of the cow's milk is of great importance The milk of a healthy cow is slightly alkaline: this alkalinity may be changed into an acidity by improper food.

A cow shut up in a stall, and poorly fed, will give a milk greatly deficient in solid constituents, and very liable to become sour.

Cows kept in the city, and fed on carrots, garbage, &c., will give a very inferior milk. It is therefore preferable to obtain milk from a cow that is at pasture, or that you are sure is fed on hay, straw, clover, or such forage as horses feed upon. Whenever it is apprehended that the milk may have an acid re-action, it should be tested with *litmus-paper*, and, if found so, a little lime-water may be added to render it slightly alkaline.

Great caution must be exercised in the selection of a person well known for honesty and integrity to supply the milk; for an ignorant and careless person may think it but a light trick to give you the milk of one cow instead of another: this little trick, however, may cost your child's life.

Engage the milk of *one cow*, which has just calved, and keep taking it from her until you have good reasons for changing. Examine the milk every time you receive it; do not trust ignorant servants or nurses; see to it yourself, and the milkman will conclude that you are in earnest in this matter, and will not attempt deception.

New milk should be brought morning and evening; for it will not keep sweet twenty-four hours without chemical means, which should not be allowed.

Many nurses heat the milk to the boiling-point as soon as they receive it, and keep in a cool place, in an open vessel. This treatment will prevent its turning in a few hours, even in a warm day.

A thunder-storm will turn the milk: this electrical influence gives the milk an acid re-action, and renders it unfit for use.

"Solidified" and "Condensed" Milk. Professional itinerants, such as actors, &c., who are unwilling to leave their cares behind, by necessity use such milk, as fresh and good milk could not always be obtained; and it would be dangerous to a child to thus change daily the quality of the milk. But "solidified" and "condensed" milk are not made by the same process. The process now used in "condensing" requires no chemical adjunct; while the "solidified" requires the presence of bicarbonate of soda, and one-fourth of sugar. Hence, for an infant, I would recommend the "condensed" in preference to the "solidified."

ARTIFICIAL FOOD OTHER THAN MILK.

On this subject, Dr. West says, "Food must answer two distinct purposes: one is to furnish materials for the growth of the body, the other to afford matter for the maintenance of its temperature; and life cannot be long supported except on a diet in which the elements of nutrition and the elements of *caloric* bear a certain proportion to each other. Now, in milk, the proper food of infants, the elements of the former are to those of the latter in proportion of 1 to 2; in arrow-root, sago, and tapioca, as 1 to 26; in wheaten flour, as 1 to 7. If to this we add the absence, in these substances, of oleaginous matter, which contributes to the fat of the body, and the smaller quantity and different kinds of salts they contain, it becomes at once apparent, that, by such diet, the health, if not the life, of the infant, must almost inevitably be sacrificed."

Much care must therefore be exercised in the selection, as well as in the preparation, of farinaceous diet for children.

Lentil-Powder, of all vegetable substances, is consid-

ered the best substitute for milk; much preferable to pap, or pulp of wheat-bread, which, from the absence of chloride of potassium, and the frequent presence of alum, is unfit for use. As food for children with atrophy and debility, lentil-powder is invaluable.

Take one dessert-spoonful of lentil-powder, and let it soak for half an hour in a gill of water; then add half a pint of water, and let it boil slowly for two hours, skimming, and adding water, to maintain the same quantity, as the water diminishes in boiling.

Crumb of Bread. This should be boiled four or five hours in water, taking particular care that it does not burn; then add a little sugar. When the infant is two or three months old, add a little new milk, gradually increasing the quantity as the child becomes older, till it is nearly all milk, there being only enough water to boil the bread. The milk should not be boiled.

Flour. Take a pound of flour, put it in a cloth, tie it up tightly, and put it in a saucepan of water, and let it boil four or five hours; then take it out, peel off the outer rind, and the inside will be found quite dry and hard: it is then to be grated into a powder. A small quantity of the powder should be made into a gruel with water or milk.

This gruel is considered binding, and is used when the bowels are relaxed, and other things do not agree.

Flour is also used as follows: Take one dessert-spoonful of flour, add five tablespoonfuls of water, mix thoroughly, put over the fire, and add five spoonfuls of new milk, and a bit of sugar, in a saucepan; the moment the milk boils, pour into it the flour and water; stir well, and let it be over the fire about twenty minutes.

This is excellent where the bowels are relaxed.

Rusks should be boiled for an hour with water; then strained, well beaten up, and slightly sweetened with sugar. For children older than one year, rusks are excellent when just baked, hard and crispy.

Crust of Bread should be prepared like rusk. If the child's bowels are costive, *brown* sugar should be used instead of *white*.

Rice-Powder. A dessert-spoonful to six ounces of milk or water. The rice-powder should be first soaked in a little water for half an hour; then it should be poured into the milk or water intended to be used, which should be at a boiling-point; let it boil twenty minutes, stirring all the time to prevent burning; then sweeten, and serve it to the infant, in the bottle.

Arrow-Root. Take of the best Bermuda arrow-root one teaspoonful; put it in a large cup, and add, by degrees, two tablespoonfuls of cold water or milk; mix thoroughly until perfectly smooth, then add half a pint of water or milk; put the whole in a clean saucepan, place on the fire, and continue stirring until it has boiled two minutes; then pour out, and add a teaspoonful of sugar; mix thoroughly, and serve promptly.

When milk disagrees, it should be made with water.

If sugar is not desirable, put a little salt instead.

If a child is weak, and much emaciated, a teaspoonful of sherry wine should be added to this gruel.

Oatmeal, Sago, Semolina. Take two dessert-spoonfuls of either; place in an open basin, gradually pour in a pint of milk or water, rub down with the spoon so as to mix thoroughly; then place the whole in a clean saucepan, and expose it to a gentle fire until it boils. Allow it to boil five or six minutes, still stirring; then add a little sugar, and serve.

A teaspoonful of sherry may be added for a weak child.

If sugar does not agree, it should be omitted, and a little salt used instead.

Barley. Barley-water is very much used in France. It is made as a strong tea, three or four teaspoonfuls of the barley to the pint of water. It should be allowed to boil a couple of hours, then strained, and served.

Glands Doux (sweet acorns) is an article highly recommended in France. It comes all ready for use, and is composed of the flour of sweet acorns, with some other essential alimentary substances.

It is very nourishing, and is excellent for delicate children of scrofulous constitution, with irritation of the stomach and bowels.

These farinaceous articles should be used according to circumstances: they generally would agree with infants that have already passed the most tender period of their infancy. They should be selected with care in cases where milk does not digest, or irritates the stomach.

ANIMAL FOOD.

Very weak children, or those exhausted by spells of sickness, may require stronger food than milk and farinaceous substances. In many instances, broth agrees with certain conditions of the digestive powers better than the above articles. Again: milk is made stronger by the addition of chicken, beef, or veal broth. Great caution ought to be exercised in the adoption of animal diet for an infant, and, except under the most exceptional cases, it should not be used before an infant has attained the age of six months.

Beef-Broth. Take one pound of the lean of prime beef,

whether from the rump or shin, cut it in very small pieces; place the meat so cut in a hollow dish, and add just enough cold water to moisten it; allow the meat so moistened to stand aside, covered over, for three-quarters of an hour; then add a teaspoonful of salt; stir well, and pour in about two pints of water; stir again, and put the whole in a stew-pan upon the hob, so that it may just rise to simmering heat. As soon as the liquid begins to simmer, skim and remove all fatty matter; allow the liquid to simmer for about fifteen minutes; pour off in an open pan; strain through a fine cloth, and serve.

This broth may be used warm or cold. It will keep twenty-four hours in warm, and forty-eight in cold weather.

Mutton-Broth, Veal-Broth, are made like beef-broth.

Chicken-Broth. Select a well-grown chicken, not too old nor too young. The broth of very young chicken is as axative as a cathartic. Skin the chicken, and to one-half add half a pint of water; place it in a hollow dish; cover over and set aside for twenty minutes; then add one teaspoonful of salt, and a pint more water; place the whole in a clean saucepan upon the hob, and near the fire; when it simmers, skim (as directed for beef-broth). Let it simmer for an hour and a half; skim continually; pour and strain through a cloth, and serve.

Preparations of **Chocolate,** such as *Racahout, Alkethrepta,* and also **Liebig's Food,** come with directions, and should be used only under the advice of a physician.

DRESS.

This subject is treated at length, both as affecting infants, children, and young girls, in the latter part of this book and to that the reader is referred.

CLOTHING WHILE ASLEEP.

Some children are constantly throwing themselves about while in bed, and uncovering themselves, a habit, which, during winter nights, would be dangerous. To avoid any accident, clothe them in a flannel suit from the neck to five inches below the feet. Guarded in this manner, children can never be so exposed as to take cold.

Swaddling-clothes, an inheritance of barbarism and ignorance, (thank Heaven!) are gone out of fashion.

If a child's head perspires during its sleep, and the evaporation cools the head too rapidly, causing the child to sneeze, and to act as if it had a cold in the head every time it awakes, a cap made of floss-silk will be sufficient to prevent this difficulty.

CLOTHING DURING SICKNESS.

A child should have a wrapper, buttoned in front, with a belt around the waist. In winter, it should be of flannel; in summer, of muslin. This leaves the body of the child free, and quite accessible to an examination by the physician. Often the physician has to auscultate the chest in diseases of the lungs, and the skin in eruptive fevers; and the child sometimes becomes so worried in undressing for the purpose, that it defeats all attempts at examination.

CLOTHING DURING AND AFTER A WALK

For a walk, dress the child comfortably, according to the season and weather. If it is warm when it returns, do not take its things off at once, lest it cool too rapidly; but let it play a while in the room, with its things on. After it has cooled, remove all unnecessary clothing.

WASHING AND BATHING.

Washing implies cleanliness; and bathing, such ablutions as invigorate and strengthen the body.

The skin being a membrane that constantly scales off and renews itself; one which exudes fluids for its own elasticity; one that cools the body through its sudoriferous glands; one that absorbs elements of nutrition from the air through its lymphatic system, exposed as it is to attrition, deposits of dirt, &c., — it becomes of vital importance that it should be kept clean. To maintain a healthy state of the many functions of the skin, repeated washing and constant cleanliness is absolutely necessary. Dirt not only interferes with the functions of each of those delicate mouths of the pores that can be seen only through the microscope, but engenders a foul cover, which is in itself a poison, and which, in turn, may become absorbed, and cause the foulest diseases of the skin.

What mother would expose a child whose surface is milk and roses to a corruption from which every delicate and refined person must shrink?

The child should be washed all over once a day. Nothing but pure, white castile-soap and water should be used. The water should be lukewarm; in summer, it may be used cold. The best way is to have a baby-tub, with sufficient water to dip the child in. It may be kept in from five to ten minutes, never longer. Children learn to love their bath. If the child is very weak, or appears weaker after a bath, it should only be sponged. Give the bath in a room sufficiently warm to prevent its taking cold during the process of ablution. Do not let the child go out immediately after a bath, particularly if you use warm water. If the child takes a nap in the morning, give it the bath immediately before its nap; for thus it will sleep sweetly, and awaken refreshed. Alcohol, whiskey, and other stimulating substances, are often put in the bath; but this should not be done without the advice of the physician.

A restless child has often been put to sleep by giving a quick bath.

Wash the child's head as well as the body; wash away any scurf which may be on its scalp with a soft brush. If the scurf is hard, grease it at night, and it will wash off readily in the morning.

See that its diapers are immediately changed when soiled: this will prevent chafing.

Rice-powder may be sprinkled on the parts liable to chafe, after each washing or removal of a napkin.

AIR AND EXERCISE.

You might just as well deprive a child of its food as of fresh air. Therefore, keep the child in a large airy room, that has the sun for several hours. Two weeks after birth, unless the child is very weak, it should be taken out in the open air, and promenaded. It is better it should be drawn in its little carriage than carried in the arms. Not only would carrying expose the child to the danger of a fall (for, even allow that the nurse would not let it drop, she is liable to fall on an orange-peel, a frozen surface, &c.); but the pressure, the squeezing of the limbs together, is hurtful: and, when it commences to sit erect, its back is too weak to support the body for two and three hours. The child should be sent out every day, unless it storms, or is very windy: in winter, in the middle of the day; in summer, morning and evening. It should never be out when the dew falls. After the sixth month, the child may remain out several hours.

Caution. Be sure of the honesty of your nurse. Order that, while out with the child, she should *enter nobody's house* and *nobody's kitchen*; for it is a favorite pastime of nurses to visit friends when ostensibly out to promenade with their little charge; and then your child will pass from hand to hand, — from the arms of a fat, greasy cook to the arms of a

lean washer-woman with wet clothes. Enjoin that nothing should enter that child's mouth when out, except its bottle, if it has one; for, to the little rosy and smiling chub, a cake, a cracker, a piece of sugar or candy, will be constantly offered; and you may rest assured that your nurse will never tell you.

Bitter experience makes me give this caution.

SLEEP.

For a few weeks after their birth, babies will sleep almost all the time. They will awake to nurse only, and will fall asleep immediately after. As they grow older, after the second month, they will sleep less and less, until they take regular naps. Finally, they will only sleep at night, and two or three hours in the middle of the day. While the child is asleep, you need not walk on your tip-toes for fear of awakening it: this will make it so sensitive to noise, that it will awake at every slight jar, which would be an inconvenience to itself and its attendants. Walk and talk as usual about the room without making extra noise: this will soon give the child the habit of sleeping through a good deal of noise. Do not let it fall asleep in your arms, if you can help it. When you think the child ought to go to sleep, put it into its crib while awake: it will soon get the habit of thus going to sleep, and will save you an immense amount of trouble.

Lay it now on one side, again on the other, though it is better it should get the habit of sleeping on the right side than on the left: this will prevent pressure on the side of the heart.

Be firm in giving these habits to your child; for they will bring good results.

Do not rock your children, and have no rockers to your crib. A child who acquires the habit of being rocked asleep

will make of you a rocking-chair, which will soon cease to be a pleasure.

Do not approach a child too suddenly while it is awakening; for you will give it a fright, and make it nervous. Let it hear your voice before you present yourself. Strangers should never approach a child at such a moment. You need not take up your child instantly after awakening, else you will give the habit, and it will cry unless so taken up. If you lay it down a few moments, it will soon begin to play with the bed-clothes, and eventually give as much time as you want to make preparations.

WALKING.

Do not be too anxious to have your child walk too soon, and, above all, do not force it to do so. As soon as the child has the strength to support its own weight, it will start off by itself, and walk. The danger in making a child walk too soon is, that, as its bones do not yet contain sufficient earthy matter, they will bend. From this may come a permanent deformity, as bandy-legs, &c.

WEANING AND TEETHING.

The period of weaning varies according to circumstances. Some hold that a child ought to be weaned at nine months of age, believing, that, as the child remains in utero nine months, it should not derive sustenance from the mother more than nine months after it is born. This is erroneous, of course; for while one child may be safely weaned at nine months, and earlier, others cannot be weaned with safety to themselves until the fifteenth or eighteenth month. I have known mothers, through great anxiety (and even from pru

rient desire), to nurse a child two and three years. It is unnecessary to say that that would be utterly wrong.

Often the weakness, or some malady, of the mother, compels her to wean the child at very unseasonable times; but, allowing every thing to be normal, the *dentition* of the child should be the *only guide in weaning.* It is very true that children often have no teeth, or have not completed their dentition, until they are a year and a half, and two years old. Still, if the mother is healthy, and does not seem to suffer from the nursing, it is better that she should keep on nursing, at least partially, until the disorders attending dentition have passed; for it often happens that a sick child would take no artificial food, while it would not refuse the breast. After the twelfth month, however, the child should have some stronger nourishment than its mother's milk, else its development would be slow and weak.

When the child has six or eight teeth, it may commence to suck a piece of rare beef every day. A slice or two of well-baked bread with a little butter spread on it, a little rice, arrow-root, the yelk of an egg, may be given. A roasted potato, provided it is mealy and healthy; a little corn-bread; the bone of a chicken,—are things that, one after the other, may suit. In this way, the child will get all the nourishment it needs, and yet not give up entirely its mother's breast. This system will also prepare the child for a final and complete weaning without trouble. The paragraphs on "Bringing up a Child by Hand," and "The Ways of Preparing Food," will be suggestive here.

As the evolutions of teething are a cause of irritation to the child, the summer season, and the season of hot days and cold nights, which so often engender diseases of the intestines, would hardly be a proper time for weaning. For I repeat, that, under such circumstances, it will be difficult to find food that agrees with the child during diseases

of the bowels better than its mother's milk; and often the child refuses every kind of food except that. A child, although *ten or twelve months old* in the month of April, *should not be weaned entirely until October or November*, in order to have a safe diet in case of disorders of digestion during the summer season.

Teeth are rather irregular in their evolutions; but the average of their growth is the following: —

"Between the sixth and eighth month, the *first two lower incisors* come through, at an interval of from one to fifteen days, though generally on the same day; and, when these two first do not appear within two or three days of each other, the dentition is irregular. When this is over, the child rests. It rests from two to six months.

"The *four upper incisors* are a month in coming through. First the middle, and then the lateral ones, appear, and that occurs between the tenth and twelfth month

"From the twelfth to the fifteenth month, those of the third series come through; namely, the *four first molars*, and usually, after them, the *two lower lateral incisors*: then the child rests for four or five months, during all which time the evolution of teeth is suspended.

"Between the eighteenth and twenty-second month, the *four canine* (vulgarly called eye and stomach teeth) make their appearance, and are three months in getting through; after which there is a very long repose.

"Finally, the child gets its *four last molars*."

There are then twenty in all.

No general rule, however, can be laid down, from which there will not be frequent variations. I have known children who never showed a tooth before the fourteenth month, and did not finish teething before they were three years old; being robust and healthy all the while. There is a case on record, in which the child did not get any of its teeth until it was ten years old. On the other hand, there

are cases of precocity of action in teething, in which a child had eruption of the two lower incisors at birth; and some were even born with those two teeth.

The first stage of teething, however, is between the third and fourth month of infancy, and constitutes what is called *breeding the teeth*, or the conversion of the pulpy rudiment buried in the gums into a solid material, which shoots downwards, and gives to the tooth its fang. During this process, the child is ill at ease, wants to bite, and drools. Parents, noticing these symptoms, watch for the appearance of teeth, which do not come for three or four months after.

During these periods of teething, the child is restless and fretful; but its sufferings are paroxysmal, and disappear as soon as the tooth cuts through. The intervals between the series give a chance to the child to recover from the illness thus caused; and it is fortunate, indeed, else many a human being would sink under the process. It not unfrequently happens that the irritation is so severe as to induce fever, cough, drowsiness, and dangerous diarrhœa. Eruptions of various kinds may break forth, and put the child even in jeopardy of life.

It is then that a mother may be thankful if her child is not weaned.

The *best time to wean* the child, then, is during its longest intervals of rest from teething, and that would be *after the canine or eye-teeth have appeared* (the longer and most troublesome in their coming), unless dentition is so very late as to make it impracticable.

Probably the *easiest way to wean* a child is to give the child at once to another woman; for the presence of the mother will be a constant reminder to the child that she holds nourishment from it. The gradual process is, however, a good one; for the child will be then already accustomed to the change of diet.

When a child is unwilling to give up the breast, it may be made disgusted with it by applying to the nipple a little Quassia amara, or any thing which would cause aversion.

VACCINATION.

There is no subject upon which men cannot be found ready to cavil; so vaccination does not go exempt from hypercritics. The fact that, in one case in a thousand, small-pox affects and pits a man who has been vaccinated is enough for them to cry it down as an illusion. The common sense of the people and the general experience are in favor of it and, this time, we will say, "Vox populi, vox Dei," and recommend it. We will forget the exceptional cases, and believe in this great protector from the dangerous disease. While Jenner, in 1796, instituted vaccination against the most formidable opposition of Governments and Church, it has gained so much favor since, that now both Government and Church order it, and make it a compulsory act. Nations and communities are not apt to go mad about an illusion; and, if they did, their madness would not last seventy-four years without abatement. Some people have a preference for inoculating with the original cow-pox; for they fear that indirect vaccination may transmit latent diseases from the child it is taken from. Accidents of this kind have happened, of course; but they are very rare indeed, and can easily be obviated by an intelligent physician. Vaccine-matter from perfectly healthy subjects can be had without difficulty: therefore it cannot be the fault of vaccination if a physician is indifferent to the welfare of his patients. On the other hand, physician and vaccine-matter are often blamed when the bad result is only due to a discrasia or latent humor in the child, who, after vaccination, breaks out with some eruption.

A child may be vaccinated at any time from the third month to the third year, except in times of small-pox epidemics, when it should be done even immediately after birth.

Symptoms of Successful Vaccination. After the third day, a small red spot, somewhat elevated, appears where the puncture was made: this will continue to enlarge until the tenth or eleventh day, when it begins to decline and desiccate. During this process, which sometimes commences later, a slight fever occurs, which makes the child fretful: as the inflammation around the pustule subsides, the fever subsides also, until it is all gone. The drying process begins with a brown spot in the centre, and goes on increasing, until nothing but a dark scab is left.

Children of an excessively nervous temperament are liable to be very restless, and even have convulsions, during the process of inflammation. The inflammation is generally at its height on the eighth day. In plethoric children, a sort of rash or varicella is apt to occur all over the body, but will do no harm. From the eighteenth day, the scab will fall off.

It is said that a reliable proof of the prophylactic virtue of the vaccine is a scab, *flat and depressed in the centre*, which should not be fully formed until the eighth or ninth day. A full *convex scab*, formed within three or four days after vaccination, is not considered reliable.

It should leave a distinct scar, which should remain for years.

If the fever is very high, accompanied by great thirst and restlessness, a few doses of **Aconite** will be useful.

If the nervous symptoms predominate, the face is flushed, head hot, and the child jerks or twitches, **Belladonna** should be alternated with **Aconite** until all the symptoms have abated.

EARLY TRAINING.

In the latter part of this book, I have discussed the physical, mental, and moral training of children with considerable care, and shall refer the inquiring reader to that portion of the work. There are one or two little things, however, which are of importance in the earliest years of a child, which I will simply mention.

And first, as you would not expose its delicate flesh to the slightest injury, so do not expose its nerves of sight, hearing, taste, or smell to strong sensations. A horrible sight may throw it into a spasm; a shock to the hearing impair that function; a peculiar taste or smell render it sick. Be cautious in all these things.

Again: the fact that a child cannot convey its thoughts in speech is often taken as a conclusion that the child does not think. This is an error; for how do you account for the many thoughts and wishes so well expressed as soon as it can talk? It very often excites the bystander's wonder with its simple sayings. I have often heard mothers exclaim, "When and where did the child learn that?" The fact is, the child has been listening and learning all the time that you thought it was leading but a passive vegetating life. Therefore, say and do nothing before an infant, however young, that you would not have the infant repeat. The language that you use before it will be the language it will use to express itself when older. And let me assure you, that as the child learns mechanically, as it were, without reason or discretion, it will be exceedingly difficult afterwards to make it comprehend what is incorrect or wrong, in fact, impossible for several years to come. See "Physical and Moral Training of Children."

Let the associations of the child be such as can teach it only correct and refined language. It is a mistake to have

an ignorant nurse, who deforms your language every time she speaks, as a companion to your child. The child will learn a good language as easily as a bad one, and will not have to spend its best years of study in learning that which it should have known.

In watching an infant's progress, I have often thought that it was wrong to speak to it what is commonly called baby-talk; and, under the impulse of the moment, I wrote, in 1869, the following article, which was published in "The Mother at Home," and attracted some attention: —

"Is there a language for babies? I have made a study of philology, yet I never found a lexicon for such language. Nevertheless, every mother and every nurse has a language for her baby. Generally, it is a distortion of her own; often a language of unmeaning words. Is it a law in the nature of the child that it should understand this lame, deformed language better than the mother's pure and perfect one? This reminds me of the one who takes excruciating pains to distort his own language so as to make the foreigner understand him better.

"In the mother, it is an affectation, playful and loving, if you please; yet it cheats her child into learning what it must soon unlearn. The affectation of language is often pretty: the Tuscans reach your heart with their melodious prattle; the Venetians attract you by a jargon that is pleasant to the ear; the Parisian inveigles you into the belief that he carries his heart on his lips. All this is done by a combination of sounds untrue to their real vernacular, by a combination of manners untrue to their real nature.

"I have no doubt that the mother, in the playfulness of her love, likes to feel that her baby is a creature unique; that there never was one like it; and that it must be addressed unlike other human beings. 'Baby go day-day,' I have learned is intended to convey the idea to her baby

that it is going to take a walk; 'Baby go by-by,' that the baby should go to sleep; 'Ta-ta' is used to impart to it a sense of thankfulness, &c.

"Yet how cruel! That very baby has to learn that all such talk is foolish, and that it will be necessary it should say 'walk,' 'sleep,' 'thank,' as soon as it comes in contact with other mortals.

"This language of playful loving mothers is often the cause of their children's lispings and affectations that become ridiculous in proportion as they grow older.

"I know children who cannot talk a plain language at seven years of age, and others who at three talk a correct grammatical language.

"I am from a country where a dialect was spoken, and I know how much labor it cost me to learn a language I should have known without studying.

"Teach to your baby the language you speak, correct in pronunciation, correct in grammar, and refined in choice. You will surely one day feel a sense of pride in hearing the praises bestowed upon the good language of your child. Remember that praise or censure passed upon your child's language will reflect upon you as the educator."

PART IV.

DISEASES OF CHILDHOOD.

EXTERNAL SYMPTOMS.

SYMPATHY WITH CHILDREN.

Dr. Meigs, in his work upon diseases of children, reports the following conversation with a gentleman whose child he was called to visit. The gentleman had had the misfortune of losing two children, and had very little faith in doctors. Said he, "My child is very sick, and I wish you to come and see it," adding, "if you think it is worth while. You know," said he, "that, with regard to the complaints of young children, it is all guess-work; for they can't explain any thing." — "Guess-work!" exclaimed Dr. Meigs, "I feel more at home in asking the child what is the matter with it than in asking you what is the matter with yourself. I can always know what is the matter with the child; for it never misleads me: but men and women constantly mislead me, or endeavor to do so." In other words, he might have used the saying of Talleyrand, that "language was made to disguise thought." Those two men were both right: this may seem a paradox, yet I can explain.

There are people who have no intuitive knowledge of children, and no sympathy for them. There are others who seem to enter into the feelings of a child; they sympathize with it; they understand it. If I may be allowed to compare an infant to a dog, — a very sensible animal, however, — I will remind you, that, while a dog will bark at one person, it will wag its tail at another, having an intuitive feeling that

the one dislikes and the other loves it. So it is with a baby. It will shrink from one, and will smile and be happy with another. A child is to the former a sealed book which he must divine; to the other, he is an open page that he can read. It is not every man who is fit to be a child's physician. It is not every woman who is fit to be a child's mother. A person whose heart gladdens, whose face beams with pleasure, at the sight of a child, will understand its symptoms, although the child cannot express them. Only such a person is fit to have the care of children; and, as Dr. Meigs says, that person "will be at home" with them: they will not deceive him.

SPECIAL EXTERNAL INDICATIONS.

Of course, the same symptom may indicate any one of many disorders; but I give here the general direction in which to look for trouble when any of the following external signs are persistently present, or when, in time of illness, new symptoms appear whose cause or source is not apparent. This list of "external indications" is not to be used as a manual for anxious alarms when children have small ailments, but as a partial guide and assistance to an intelligent search for the causes of marked unnatural conditions.

CRIES.

The *crying of hunger* is easily discovered by the quiet and cheerfulness following nursing. But crying after nursing, or refusing the breast at the same time, is a symptom of great significance.

A *short wheezing cry immediately after birth* denotes "weakness, or an asphyctic or apoplectic" condition.

A *sharp, quick, unappeasable cry*, accompanied by drawing up of the limbs, would indicate "*colic*."

A *spasmodic, intermittent cry,* with great restlessness, tossing of the head, and fear of any approach, would point to "ear-ache." This may be ascertained by trying gentle pressure on one ear, and then on the other. The slightest touch on the painful side will cause a piercing cry, and great anxiety in the child.

Crying, accompanied by crowding the fingers in the mouth, and attempt to bite, would indicate "pain from *teething.*"

Crying from coughing, "pain in the chest."

Crying, with an attempt to vomit, nausea, indigestion, "pain in the stomach."

Crying, from touching a particular limb or a part of a limb, "rheumatism or a hurt."

Crying without any apparent cause, *with a disposition to lie down,* "sleepiness."

Crying without an apparent cause may be caused by the "pricking of a pin," or "pinching from some part of the dress."

Crying without an apparent cause, while the child is alone with the nurse, may be due to a little pleasure she may take to herself to worry it, maltreat it, so as to be relieved of the charge.

VOMITING.

Vomiting generally denotes indigestion. Some infants vomit very easily, and even after every repast, without injury. Still, this would indicate that "the child takes too much" or that "the milk is too rich or too poor." If the child vomits the milk in a *cheesy* condition, it is evident that it suffers from "acidity of the stomach;" if it vomits the milk clear, that its stomach is too feeble to digest it.

Tossing the child up and down, or rolling it on a flat surface, immediately after nursing, will induce vomit.

Teething, tight bandaging, may also induce vomit.

Sudden emotions of the mother or the nursing-woman, affecting the milk, will disagree with the child, and *cause vomiting.*

Vomiting is also the precursor of disease. It precedes "eruptions of the skin, measles, scarlet fever," &c. It accompanies "dropsy of the brain." It may indicate the presence of "worms."

Vomiting accompanies "whooping-cough" during almost every paroxysm.

Vomiting, accompanied by *obstinate constipation,* may indicate "stricture, or knotting of the intestines."

Sudden and unusual vomiting without a known cause may be induced by the swallowing of unfit articles of diet, a fruit, a piece of cracker or cake, a piece of potato. Examine carefully the ejections.

DIARRHŒA.

Diarrhœa indicates "irritation of the intestines," induced by unsuitable food, by a cold, or by a sympathetic irritation from teething.

TONGUE.

A *white-coated* tongue indicates slight "gastric derangement."

A *leather buff-coated* tongue, "inflammation of bowels and liver."

A *dry, red-pointed* tongue, "great irritation of the intestines."

A tongue coated by *patches,* "inflammation of the stomach."

A *yellow-coated* tongue, "derangement of biliary secretions."

A *shiny, glazed* tongue, and especially if *chapped* or cracked, "ulceration of the bowels."

A *strawberry-looking* tongue, "scarlet fever."

Thrush and *ulcerations* on the tongue, "imperfect digestion, and tendency to diarrhœa."

A tongue covered with *small white granulations*, as if of coagulated milk or cheese, "thrush."

A *pale tongue*, malarious "intermittent fever."

A *dry, dark-brown* tongue, low state of "typhoid fever."

MOUTH AND FAUCES.

Ulcerations and *cheesy deposits* have been mentioned in the above paragraph.

Redness of the soft palate, Uvula, Larynx, "sore-throat," and, when other symptoms corroborate, "scarlet fever."

A *red tumor on each side of the soft palate*, "inflammation and enlargement of the tonsils."

A *leather buff-color deposit* on the tonsils, palate, and larynx, "diphtheria."

Great inflammation and tumefaction of the whole cavity, without deposits, "quinsy."

Slightly elevated white ulcers on the tonsils, "ulcerated sore-throat."

APPETITE.

Ravenous appetite, in diseases of the "mesenteric glands," and when "intestinal worms" are present.

Want of appetite, disordered digestion, or some oncoming fever, jaundice, eruptions, &c.

Canine or insatiable hunger, "tape-worm."

THIRST.

Intense thirst indicates a high degree of internal fever, such as inflammation of the mucous membranes of the stomach, bowels, &c.

It is present *in diarrhœa;* but is *very great in cholera.*

BELLY.

Distention of the belly indicates the presence of gases in the intestines, "flatulency." It is also present in great "inflammation of the bowels;" but, in this case, the great tenderness and sensitiveness to touch will distinguish it from the former, in which friction is grateful.

Drum-like distention of the abdomen in fevers is a very alarming symptom.

A *very large, fat abdomen* indicates "coarse food and overfeeding."

A *very emaciated and sunken* belly, "tuberculous disease of the intestines."

STOOL.

Very loose and repeated stools indicate "diarrhœa" from cold, or some noxious articles of diet; "teething, worms," &c.

Green stools, "bilious diarrhœa and acidity of the stomach."

Green and white stools, "indigestion and bile, acted upon by acids."

Mucus mixed with stools, "catarrh of the bowels."

Mucus, and bloody, jelly-like small stools, inflammation of the rectum, "dysentery."

Rice-water-like stools, "cholera."

Very dark, watery stools, in long fevers.

Black stools indicate the presence of blood from the upper intestines.

Clay-colored stools, inactivity of the liver, "deficiency of biliary secretions."

Frothy and fermented stools, "bad digestion."

Costiveness during fever may point to inflammation of the bowels. Costiveness may indicate deficient secretion of bile and of the glands of the intestines, debility of the intestines, obstruction of the bowels.

Frequent small stools, with straining, "dysentery."

BREATHING.

In health, breathing is regular. An infant will breathe, when quiet or asleep, from twenty to twenty-five times in a minute. The inspirations can easily be counted by noticing the rising of the dress on the chest, caused by them.

Quick breathing indicates fever, or inflammation of some organ. During fever, an infant will breathe from forty to fifty times in a minute. When it goes above that, it indicates a deep-seated, dangerous inflammation.

Slower respiration than natural, "great weakness and fainting."

Moaning and sighing during breathing, "inflammation of the bronchial tubes, or pneumonia."

Hot breath, a very high degree of fever, also "inflammation of internal viscera."

Cold breath, "sluggish circulation, mortification, and the last stages of fatal diseases."

Rattling breathing, "accumulation of mucus in the bronchial tubes, from inflammation."

Labored breathing with *great wheezing* all throughout the chest, even without fever, "asthma."

Rough, hoarse, and *whistling breathing,* "croup."

Offensive breath, "foul stomach, worms, indigestion." A symptom of the "last stages of fevers."

Acid breath, "acidity of the stomach."

Quick, short breathing, as if cut short by pain, "pleurisy."

Short breathing, followed by an occasional long, labored breath, "congestion of the lungs," or "presence of water around the lungs."

Simple oppressed breathing, without signs of inflammation, "indigestion."

COUGH.

Sudden cough at night without any previous ailments,

with difficult and hoarse inspirations, a cough with a *hoarse, dry, graty, shrilly, metallic sound;* "croup."

Harsh, painful, and *loose cough,* accompanied by fever, accelerated breathing, "catarrh of the lungs."

Dry cough accompanied by high fever, difficulty of breathing, "pneumonia."

Barking cough, with wheezing through the lungs, labored breathing, a spasmodic cough that takes the breath away; child, making violent efforts to breathe, is almost thrown in convulsions, with cold sweat breaking out on the forehead, and cough terminating in a shrill, sonorous, crowing respiration; "Asthma Millari."

Hollow, dry, irritating cough, accompanied by *sneezing, running water at the eyes, fever,* is a precursor of "measles."

Spasmodic hurried cough, losing the breath in coughing, with *redness of the face* and *vomiting;* comes on at *regular intervals;* child makes *great efforts to get his breath* while coughing; succeeds only with a *hollow, dry noise;* "whooping-cough."

Incessant hacking cough early in the morning, before nursing, *relieved by nursing,* sometimes attended with *jerking and starting during sleep, grating of the teeth, rubbing at the nose,* coated tongue, fitful appetite, indicates "worms."

Dry spasmodic cough is often an accompaniment of "teething."

URINE.

Straw-colored, "natural."

Dark, with or without deposit, "fever."

Copious red deposit in urine after standing, "rheumatism."

Very dark brown, of mahogany color, "jaundice."

Excessive, "disease of the kidneys."

Suppressed, and passed by small quantities with pain

often red and scalding; "inflammation of the bladder or urethra."

Copious quantity of urine, with sediment after a few days of fever, generally indicates a favorable crisis.

Milky and *copious* urine, presence of "worms."

Incontinence of urine, weakness of the neck of the bladder, and presence of "worms."

Scanty and *dark* urine, is usual during diarrhœa, or after sweating.

PULSE.

The pulse in an infant is a very unreliable indicator. While an infant's natural pulse ranges from eighty-five to a hundred, the slightest emotion, crying, laughing, playing, or fear, may send it up to from a hundred and twenty to a hundred and thirty. When the pulse keeps, while the child is quiet, above a hundred, accompanied by external heat and quick breathing, fever is present. When it rises above a hundred and forty, it indicates deep-seated inflammation; when under eighty, weak and irregular, dangerous weakness. *Thready-running* pulse, with hardly perceptible undulations, approach of death.

TEMPERATURE.

Chilled skin, accompanied by "goose-flesh," is a precursor of fever.

Excessively hot hands and feet indicate fever. The degree of heat bespeaks the degree of fever.

Constant dry, harsh, hot skin, indicates "tuberculous disease of the abdomen."

Cold skin, *followed by a stage of heat and sweat*, "intermittent fever."

A *sudden fall of the temperature* during eruptive fevers is a dangerous symptom, indicating a fatal termination of the disease.

SKIN.

A *canary-yellow* skin, in patches, or yellow all over, indicates "jaundice."

The skin feels *tense* and *full* in "eruptive fevers."

A *bright red* skin, showing an equal efflorescence all over (not in spots or patches, nor in granulations), which becomes white under the finger on pressure; "scarlet fever."

An *efflorescence of dark-red patches*, with minute elevations, and which does not turn white on pressure; "scarlet rash."

Small, brownish-red, irregular spots, leaving the skin in a normal condition in the interspaces, making their appearance on face and neck first, and then becoming confluent, and extended gradually down the body; "measles."

Small, hard, pointed, red elevations, resembling blind pimples, which in two or three days become *inflamed at the base*, and *depressed in the centre*; "small-pox."

Small globular elevations, having for a head a transparent blister, resembling those induced by drops of scalding water, "chicken-pox."

A *little miliary eruption*, like small flea-bites, indicates summer heat, and "eruption from teething."

A *rash of red, elevated* and *irregular patches*, sometimes *whitish on the top, intensely itchy*, indicates "hives, or nettle-rash," induced by indigestion, or unsuitable articles of diet.

A *very fine eruption, without inflammation*, which contains a little yellowish fluid that can be squeezed out, intensely itchy, invading principally the *hands* and *wrists*,

and the *spaces between the fingers*, indicates "scabia," or, as it is vulgarly called, the "itch."

A *dry, scaly, inflamed eruption*, which appears in rings, "ringworm."

Small, numerous, whitish pustules, with a red basis, *discharging yellow pus*, which dries and makes a crust, appearing in clusters *on the scalp*, and spreading over other parts of the body, intolerably itchy; "milk-crust."

EXPRESSION AND ASPECT.

Pallor of the face, "anæmia."

A *dusky flush*, "pneumonia."

Anxious expression, "disease of the heart."

Pinched and contracted expression indicates great suffering.

Redness, "simple and eruptive fevers."

A *fixed, indifferent look*, "convulsions."

Rolling upward of the eyes, "disturbance of the brain," probably water on the brain.

Puffiness, "diseases of the kidneys or heart."

Contracted pupil, "disorder of the brain."

VOICE.

Hoarseness, "inflammation of the larynx."

SLEEP.

Restlessness and sleeplessness augurs some derangement which requires attention, — "teething, ear-ache, nervousness, indigestion," &c.

GLANDS.

Swelling of the glands, in front of and under the ear, "mumps."

Chronic swelling, inflammation and suppuration of glands around the neck, "scrofula."

SPECIFIC DISEASES OF INFANTS.

Having in previous chapters fully entered into the manner of raising infants so as to shield them from the disorders of bad nursing and general mismanagement, the specific diseases to which they are liable until after their first dentition will claim my earnest attention in the following chapter.

It is the object of this work to be brief, concise, and within the scope of general intelligence, without regard to a special medical education. I therefore shall not discuss the etiology and pathology of each disease, which would be important only to a physician.

It will be my endeavor to give true and reliable symptoms, and the distinctive characteristics of each disease, so as to make it easy for lay-readers to understand every case.

ELONGATION OF THE HEAD AT BIRTH.

The infant's head being often larger than the outlet of the mother's pelvis would allow, Nature has provided that the bones of the cranium can slide one over the other, so as to reduce its diameter. During this process, what the head loses in width it gains in length, inducing an elongation which is very disfiguring. This elongation, however, is only temporary; for very soon it is perceivable that it gains its rotundity and proper proportions.

No treatment is required: a few days will enable Nature to restore itself in all its intended beauty.

RUPTURES.

PROTRUSION OF THE NAVEL (*Umbilical Hernia*).

Carelessness in pulling at the cord during labor, bad dressing of the navel, and sometimes a congenital weakness of the muscles of the abdomen, induce this disorder.

TREATMENT.

Reduce it first by gentle pressure with your fingers on the navel; then make a pad containing a coin, or a flat piece of lead; place it on the navel, and secure it by a suitable bandage.

Other ruptures should be treated by a physician.

INFLAMMATION OF THE NAVEL.

It not unfrequently happens, that the navel, during the process of formation after the separation of the cord, becomes very much inflamed, the inflammation spreading even considerably around it; and, if not properly attended to, it may ulcerate.

TREATMENT.

Apply pledgets of lint dipped in a cold infusion of **Flaxseed** or **Slippery-Elm**: if ulceration is threatened, dip the pledget in **Calendula-Water,** of the following strength: *fifteen drops of the tincture of Calendula to fifteen tablespoonfuls of water.*

SIMPLE INFLAMMATION OF THE EYES.

Nature of the Malady. Inflammation of the mucous membrane lining the lids, and reflecting over the eye. The

Meibomian glands within the edges of the lids are also often invaded.

Causes. Too sudden exposure of the eyes to a strong light, uncleanliness, a scrofulous constitution.

General Symptoms. Redness, lachrymation, agglutination of the lids, sensitiveness to light.

TREATMENT.

Keep the eyes clean. When they are inflamed, wash them under the lids with a camel's-hair brush with warm milk and water. Should this not be sufficient to allay the inflammation, give **Aconite** internally, *three pellets every four hours.*

If the child dreads the light, and cries whenever exposed to it, give **Belladonna,** the same as **Aconite.**

If the lids agglutinate, give **Euphrasia** in the same manner as **Aconite.**

SCROFULOUS OPHTHALMIA.

This is a very serious inflammation of the eyes; and the distinctive symptoms are: on pressing your fingers on, or on opening, the lids, a jet of pus streams out. This is such a formidable disease, that it should be intrusted only to the care of a skilful physician.

CRYING, RESTLESSNESS, AND SLEEPLESSNESS.

Children often cry, or are restless and sleepless, without any apparent reason. It may be owing to slight indigestion, to a nervous irritability from teething, or from some atmos-

pheric cause. At night, although the child may not appear in any way sick, it is, nevertheless, a cause of anxiety and trouble to have it cry. One dose of **Coffea** will probably correct this nervousness. If the head or gums are hot, a dose of **Belladonna** will be preferable. **Aconite** and **Chamomilla** are also sovereign remedies in quieting that irritability.

CORYZA (*Snuffles*).

OBSTRUCTION OF THE NOSE.

This has already been mentioned. A slight current of cold air on a child's head unprotected by a good crop of hair, the sweating of the head of some children during sleep without a cap, often induce that obstruction of the nose commonly called "snuffles," and, by medical men, "coryza."

For such symptoms as would indicate dryness of the nose, give **Nux V.**, morning and evening. But if the nose runs water, and even excoriates the nostrils, give **Arsenicum.**

When these symptoms become chronic, however, give **Calcarea,** twice a day, for one week, and **Sulphur,** twice a day, for another week.

Should the catarrh extend to the chest, which would, at every inspiration, give a rattling sound, give **Tartar-Emetic** (*Stibium*).

SWELLING OF THE BREASTS.

Infants are liable, soon after birth, to have swollen breasts, which many people have erroneously believed to contain milk. Do not squeeze them, but apply an emollient and warm poultice: a lint dipped in warm sweet oil is often

sufficient. A little camphor mixed in lard makes often a very good ointment.

Medical treatment is hardly required; but if the breasts are red, and much swollen, **Belladonna** or **Mercurius** may be given.

GASTRIC DERANGEMENTS.

SORE MOUTH.

Nature of the Malady. Inflamed and ulcerated spots (*apthæ*) in the mouth.

Causes. Disordered stomach; weak digestion; uncleanliness; mismanagement in nursing; mixed food; attrition of the child's tongue and gums against the nipple, thus inducing the same ulcerations in the mother's nipple. They often appear in the low stage of fever, from inflammation of the intestines.

General Symptoms. Some parts of the tongue, palate, or gums, become inflamed, and soon form in whitish or yellowish pimples, which break, and form *distinct* and *separate ulcers*.

PREVENTIVE TREATMENT.

Wash the child's mouth every time after nursing; do the same to the nipples. Keep the child in the open air; let its nursery be a dry and sunny one. Do not overfeed it.

MEDICAL TREATMENT.

Apply a weak solution of **Borax** to the ulcers, *three or four times a day*. If the ulcers are deep, invade the throat,

and emanate a disagreeable odor, give **Mercurius Solubilis,** *six globules every four hours.* If the ulcers look pale, ragged, and are accompanied by diarrhœa, give **Arsenicum,** *three globules every four hours.* If the ulcers look foul, discharge matter, have uneven edges, and the child vomits, or has a watery diarrhœa, give **Sulphuric Acid,** *six globules every four hours.*

THRUSH.

Nature of the Malady. Inflammation of the mucous membrane of the mouth, often extending to the stomach and intestines. The tongue, and even the whole mouth, and, as far as can be seen, the throat, are covered by *granular white deposits, like curdled milk,* which coalesce, and make a general coating.

Characteristic Symptoms. This disease differs from the above, although it is often confounded with it; and is by far more formidable and dangerous. These minute white spots, on being removed, bleed easily, and show an inflamed under-surface. The apthœ in the "sore mouth" cannot be removed by brushing.

General Symptoms. The child's health fails, and gives evidence, by emaciation, that nutrition is imperfect. As soon as the mouth becomes covered with the granular white deposit, nursing becomes difficult and painful. Fever soon sets in; and the brushing-off of the deposit is immediately followed by a new crop of the same. The child loses strength daily, and drowsiness comes on. As the inflammation extends downwards, the intestines become affected; and a dangerous diarrhœa sets in, which threatens to end the child's life by exhaustion.

Causes. Want of cleanliness; foul air; damp rooms;

damp summer weather; indigestion; use of sugar-teats; unwashed nipples, on which the milk is allowed to sour; the bottle, and artificial nipples, for children raised by hand, left unclean; sucking from a breast or artificial nipple, that has been used by a child affected by the disease; association with children thus affected. All these causes must of course be avoided.

TREATMENT.

As soon as the white granules appear, wash them off gently with a linen rag dipped in cold water, and apply to the exposed surface, with a camel's-hair pencil, **Borax** and **Glycerine,** prepared as follows: Half a drachm of *Borax* one drachm of *Glycerine,* dissolved in one ounce of water.

Take care to wash the child's mouth every time after nursing; do it very gently, so as not to cause bleeding of the raw surfaces.

When the disease gains in intensity, the stomach becomes irritable, and then cheesy deposits are passed in the stools. **Borax (10th)** should be given internally. *A powder of one grain should be given every three hours.*

Sulphuric Acid should be given when the following symptoms appear: great weakness; mouth very sore; the deposits re-appear soon after being brushed off; dry tongue or profuse salivation; sour eructations; the breath smells sour; gulping up of milk, smelling sour; desire to vomit; vomiting; sensitiveness at the region of the stomach; diarrhœa, watery or green; flatulency and pain during stool.

The **Sulphuric Acid** may be given sufficiently strong to have an acidulated taste: of this, *one teaspoonful every three hours.* Some find *sulphuric acid* (30*th*) quite effective: of the latter, *six globules every two or three hours may be given.*

Bromine (3d) will be found very efficient in case the

Sulphuric Acid does not improve the case in forty-eight hours; and particularly when the deposits coalesce, and form a membrane that can only be removed with difficulty.

If in solution, put *ten* drops to *ten* teaspoonfuls of water, and give *one teaspoonful every two hours*, until the membrane detaches and falls off, without a tendency to re-form.

As soon as the disease has fairly yielded to the above treatment, and nothing but weakness remains, give **China**, *three or four times a day*, until the child has regained its usual vigor.

Should the above treatment prove unsuccessful, send for your physician; for the complications that may ensue in this disease often baffle the most skilful treatment.

DIET.

The infant suffering from this disease should be fed often, but little at a time. Should the milk disagree with it, as would appear if it is restless, and cries after nursing, or vomits the milk in a curdled, cheesy condition, give weak broths instead. See article on "Broths." If the child's mouth is so tender that it cannot keep hold of the nipple, draw the milk with the pump, and feed with the spoon. If the child is raised by hand, change its usual food, lest the cause lies in it.

REGIMEN.

Take the child out every day; should the weather be propitious, twice a day, and keep it out two or three hours each time. A change is desirable if the present locality is not considered healthy. Keep other babies away, as the disease is contagious. The nipple should be washed with a *solution of* **Borax** before and after nursing.

COLIC. — FLATULENCY. — CRYING.

See paragraph on the "Cries of Infants."

Nature of the Disease. Colic and flatulence are always symptoms of indigestion.

Causes. In order to be able to relieve an infant speedily of colic, it is absolutely necessary to know the cause. Is your milk adapted to the child's digestion? (See paragraphs on "Qualities of Milk and Nursing.") Do you observe the rules of diet for nursing-women? Have you nursed your child after a fit of passion, or after a heated walk? If you raise your child by hand, have you observed the rules pointed out under its respective paragraph? Is the milk from the same cow? Is the cow fed on garbage, instead of hay or grass? Have you not allowed the milk to turn sour? Inquire into these things carefully, and you will discover the cause that renders food distressing to your child. Colic may be induced also by a cold; by a confined state of the bowels; improper beverages taken by the mother, as ale, wines, liquors, &c.; or by some cathartic medicines used by her.

Characteristic Symptoms. The cry of colic is of a spasmodic kind accompanied by drawing up of the limbs: a warm hand gently pressed or passed over the abdomen gives temporary relief. If flatulence is present, the abdomen will even become distended, and be as tight as a drum.

General Symptoms. The children roll their eyes during sleep; distort their features, though, at first, they do not wake, but continue to sleep an uneasy sleep; suddenly they commence to cry, and at intervals they twist their bodies, draw up their legs, kick their feet; the abdomen swells,

causing oppression of breathing; restlessness and sleeplessness follow; they refuse the breast, and become very unmanageable. Rumbling noise is heard in the bowels, indicating the presence of wind, which gives great pain, until it has passed off; then an interval of quietude follows, which is broken into by another sudden attack of crying and pain These attacks may become so violent as to throw the child into a spasm. Often a greenish, sour diarrhœa follows, which relieves the child.

TREATMENT.

Let me first caution against the anise-seed teas, whiskey, "Mrs. Winslow's Soothing Syrup," and all the extolled "nostrums" for infant's colic. They will only serve to derange the stomach more and more; for, although they seem to give relief, it is only a temporary relief, that is often followed by the most alarming consequences.

Chamomilla is an invaluable remedy in colic of children from flatulence, even if accompanied by greenish diarrhœa.

Pulsatilla. When the colic is accompanied by vomiting, nausea, and diarrhœa.

Nux Vomica. When the colic and flatulency are attended by constipation.

Rheum. When colic is accompanied by greenish or yellow diarrhœa of a sour smell.

Colocynth. When the child seems to have griping pains, causing it to twist and scream.

If the colic and flatulency seem to have been induced by a cold, and are connected with painless diarrhœa, **Dulcamara** is to be preferred.

DIET AND REGIMEN.

Care should be taken not to give food that the child cannot digest. If the colic has been induced by the mother's milk, which has undergone alterations from a fit of anger or passion, from heat or from cold, she should be careful not to nurse her infant until after her breasts have been once exhausted by the pumps, and she has quieted down in her usual mode.

During a hard fit of colic, the child may be undressed, and dipped in a warm bath; hot applications may be made to the abdomen; and a poultice of allspice may be allowed to remain on the abdomen until the pain is entirely relieved.

COMMON INDIGESTION.

Overloading the stomach, and the use of articles of food not adapted to the digestive powers of a child, are often the cause of gastric derangements. These derangements, although not very serious in themselves, may lead to dangerous diseases if not properly attended in time.

The symptoms are loss of appetite, nausea, vomiting, diarrhœa, urine loaded with sediment, flatulence, colic, hiccough; the tongue becomes white-coated; the pit of the stomach appears distended; and the child will not allow you to touch it, the touch evidently causing pain. If this is allowed to go on, the child will vomit sour phlegm, or a greenish, bilious fluid; headache will come on; the child refuses to play; he is dull, and wants to lie down. This condition of things may lead to a *gastric, bilious, or typhoid fever.*

If the liver is in a state of congestion or inactivity, the tongue will show the bilious condition by a yellow-brownish color. When the child vomits, he will eject a greenish-yellow fluid; the stool passages will be very dark or very

light; the urine will be dark, and the skin assume a very sallow, yellowish tint. *This condition may lead to a bilious fever.*

When the mucous membrane of the stomach is affected, the tongue will have a thick, slimy coating, difficult to scrape off; the mouth is filled with phlegm; a viscid, ropy phlegm is vomited with difficulty, as it adheres to the throat in its passage; the evacuations will have the same mucous appearance. The child looks pale and weak; the pulse becomes feeble, the extremities cold, the urine may be clear, but will soon deposit a slimy sediment.

All gastric derangements are of great importance in a child. It is almost invariably an evidence that there have been some errors committed in the diet. An inquiry should be immediately made to discover the cause of the derangement in order to avoid it in the future.

Overloading the stomach with indigestible food is often the immediate cause of *convulsions.*

TREATMENT.

If the child be sick, and inclined to vomit after partaking of food, it is well to encourage the vomiting by a draught of warm water. Infants may be made to vomit with a little black coffee, without sugar. The ejection of the ingesta may save the child from a convulsion: he will immediately be relieved of the swelling of the stomach, and all the *malaise* accompanying it. The child will return to its play as well as usual.

The following remedies should be given, according to their symptoms: —

Pulsatilla. *Eructations,* gulping up of food, inclination to vomit, *after a meal.* Tenderness of the stomach on pressure, sour eructations, complete loss of appetite, *aversion to food, slimy* diarrhœa, colicky pains, watery urine,

headache, *after eating fat meat or butter. The tongue is lined with a tenacious mucus.*

Antimonium Crudum. Great inflation of the stomach and abdomen, especially after a meal. Flatulence, constipation. *Nausea after drinking,* great disposition to vomit, *derangement from overloading the stomach, tongue coated white,* blisters on the tongue, *violent thirst,* with dryness of the lips and tongue.

Carbo Vegetabilis. *Nausea whenever the child attempts to eat.* Bloated abdomen after eating or drinking, continual eructations, *hiccough or gulping up of food, nausea early in the morning, water-brash,* tenderness in the region of the stomach, great dryness of the mouth, or great flow of saliva, *loss of appetite,* tongue dry and *white-coated.*

Ipecac. *Constant nausea or vomiting, vomiting every time food or drink is taken, vomiting large quantities of mucus,* difficult swallowing, as if the throat was contracted, diarrhœa.

Nux Vomica. Frequent hiccough, frequent eructations, *bitter or sour eructations,* nausea, violent vomiting of sour-smelling mucus, *pain in the stomach, the stomach feels as if a stone were in it,* tension across the stomach, *griping pains in the stomach and bowels,* throbbing and burning in the region of the stomach, *the child has taken a cold, constipation,* ineffectual urging to stool, dryness of the mouth, *white-coated* tongue, swelling of the gums, apthœ on the tongue, *milk sours upon the stomach,* total want of appetite, headache, dulness, *heat and redness of the cheeks.*

Mercurius. Fetid smell from the mouth, *ulcers and sores within the mouth or on the body, constant saliva in the mouth,* enlargement of glands, constant desire or attempt

to swallow, *morbid appetite, craves for bitter or acid things, yellow or brown coated tongue,* gulping up of food, pain in the region of the stomach on pressure, *sallow skin,* colic with diarrhœa (*the stool is green, very dark or very light*), desire for stool without being able to accomplish it, constipation, *chilliness after a diarrhœic-stool, bloody-stool, mucous discharge* from the rectum, urine dark-brown, toothache, red gums, *ulcerated gums,* the child has taken a cold.

Cina. (See "Worms.")

DIET.

The simplest and lightest diet will be necessary, — gruels, panada, broths, milk, &c. If the child has no appetite, do not force it to eat. It will not hurt the child to go two or three days without eating. Do not give ice-water; this would induce pain when there is a tendency to colic or diarrhœa. Toast-water, milk and water, water with a little raspberry or blackberry sirup, will be palatable, and not hurtful.

CONSTIPATION.

Constipation often affects children from their earliest infancy. Although not necessarily a dangerous disorder, it nevertheless should claim the attention of the mother, lest it becomes a permanent habit of the child, to its great discomfort.

CAUSES.

Constipation is often hereditary, and then it is very difficult to correct. But it may supervene in the child from errors in the diet of the mother, or from her milk containing too large a proportion of solids; in which case the mother should use a greater amount of fluids. Feeding by hand seems also a general cause of constipation, in which case

the proportions of water in the milk should be increased Inactivity of the liver is also a cause, which, however, can be ascertained by the quality of the stool, which will consist of hard, clayish-white lumps. Debility of the intestines themselves may also render them inactive. It will be necessary to understand the cause to be able to treat this constipation successfully.

PREVENTIVE TREATMENT.

When a child is inclined to constipation, rub and gently knead its abdomen every morning, at the same hour. The mother or nurse should avoid every article of diet after partaking of which constipation invariably follows in herself or child. As soon as the child can sit, put it to its chair every morning at the same hour, encouraging it to urge to stool; and, if it be disinclined, a little stick of castile-soap may be introduced into the rectum for a few moments, which will stimulate it to act. In this manner, you can give to the child the habit of going to stool regularly; and this system has often cured constipation that medical treatment could not reach. Avoid castor-oil and all cathartics; for although they relieve, and the child appears better in consequence of an ejection, the constipation will return worse than ever. Alter the child's diet to suit the case.

TREATMENT.

When the child has no movement for forty-eight hours, and the abdomen becomes hard and distended, the child becomes restless, feverish, and cries as if uncomfortable, relieve it by an injection of tepid water. The prejudice against this simple means of relief is unfounded.

Nux Vomica will correct a constipation brought on by gastric derangements and by debility of the intestines, particularly when it is accompanied by flatulency, and a white-

coated tongue, loss of appetite, distention of the bowels, and restlessness.

Mercurius Solubilis will be indicated if the stool is hard and of clay color; the tongue, if coated, coated yellow; and possibly the skin having a yellow tinge; also if the constipation comes on after a cold, and the urine is of a yellowish red.

Bryonia often relieves the symptoms given under **Nux**, when the latter fails to give relief.

Sulphur should be given when the child indicates a scrofulous constitution, particularly when the child is very fair, has blue eyes, the glands of the neck enlarge and harden easily. *Sulphur* should be given in a high attenuation, the 30*th* at least.

Lycopodium will remove obstinate constipation, which causes great urging and pain in having a stool. This remedy should also be given in a high attenuation, and continued for several days.

Platina has proved successful when the stool was so hard that it required assistance for its expulsion.

Graphites will be found useful when the stool is very large and hard, and the constipation is accompanied by light eruptions of the skin.

Many other remedies might be given; but, if the mother cannot relieve her child with the above treatment, she would better ask for medical assistance.

For such constipation as indicates malformation of the intestines, or such sudden and unconquerable difficulty as would indicate twisting of the intestines, a skilful physician

should be immediately called to attend. The symptoms of the latter are so severe, that it is hardly supposable that a mother would take the responsibility of treating her own infant.

DIARRHŒA. — CHOLERA-INFANTUM. — DYSENTERY. — SUMMER-COMPLAINT.

Although these diseases are essentially different, I describe and treat them in the same paragraph; because they have so many symptoms in common, and are so often induced by the same causes, that by exhibiting them side by side, with the characteristic symptoms in parallel, it may be easier for the lay-reader to distinguish them.

Diarrhœa is only a condition of the intestines which induces more evacuations of the bowels than are natural. These evacuations, although comparatively loose, and too numerous, need not be abnormal in the quality of their contents, their color, or consistency: they rarely give pain, and are generally unattended by fever, unless fever is induced by other disturbing influences, as a cold, or a fit of indigestion. (See Treatment of.)

Dysentery has also many evacuations; but they will contain but *little if any feculent matter:* they consist principally of *mucus and blood,* and cause *great pain* and *tenesmus* during their passage. They are invariably accompanied by *fever* as a consequence of the inflammation of the rectum. The *thirst* in dysentery is intense; while it is hardly noticeable in diarrhœa. As soon as these mucous and bloody evacuations change into feculent and foul-smelling discharges, the disease is conquered, and the patient is convalescent. (See Treatment of.)

Cholera-Infantum is sudden in its invasion. It appears

in summer from extreme heat, and in the autumn from hot days and cool nights. It may appear, also, as an epidemic from miasma. The gastric symptoms predominate in this disease. *Vomiting is a precursor and a companion of the alvine (intestinal) evacuations.* The child ejects every thing it takes, and often vomits without taking any thing, from simple irritability of the stomach. The discharges from the bowels are ordinarily of a *colorless* and *inodorous fluid*, although they may become mucous, and looking like beaten eggs. These discharges may also be *green* when they pass; which indicates that an acidity of the stomach or intestines converts the yellow of the bile into into a green color: they also, if not passed green, may *turn* so after a short exposure to the air. The ejections are discharged *suddenly*, and without premonition or effort; sometimes, however, they cause tenesmus from their acidity, in which they become mucous as in dysentery. These discharges are excessively exhausting: the child lies prostrate, looking very ill. As the disease advances, it becomes noticeable that life ebbs away; the eyes become hollow and sunken; they lose their lustre, and become inexpressive. The emaciation is so rapid, that it can be noticed from hour to hour: the lips and tongue become dry, ulcerous, and red; the skin dry and shrivelled; a damp clammy sweat covers the brow; hands and feet swell; the child rolls its eyes; sleeps with the lids half open; and its life is in imminent peril. (See Treatment of.)

Summer-Complaint. There is but little difference between this disease and *Cholera-Infantum*, except that it is *not so sudden in its invasion*, and is *more insidious* in its course. But *Cholera-Infantum*, if not quickly checked, will degenerate into *Summer-Complaint.* During hot seasons, the child begins to droop; its appetite fails; nausea, vomiting, and diarrhœa manifest themselves. Slight fever sets in: the symptoms soon become very much aggravated; and the

child languishes. The little sufferer begins to decline taking food; takes it only when forced, and gags, and throws it up soon after. The gums become tender and sore; minute ulcerations or thrush begin to form in the mouth; which is an indication of the great severity of the disease.

One of the most threatening periods in this malady is when the head becomes affected. The child incessantly rolls its head on the pillow, sleeps with eyes open, rolls its eyes, and has slight convulsive twitchings. A fine eruption like flea-bites appears about its body, on the abdomen particularly; the feet and hands become dropsical. The child then is very low, and shows that tendency to dropsy of the brain, so fatal in these little beings. (See Treatment of.)

CAUSES.

The causes of these diseases are common to all of them. Sudden changes from hot to cold, from dry to damp atmospheres; indigestible articles of food; irritability induced by the process of dentition; miasmatic influences. It is true that dysentery and cholera-infantum are more prone to supervene during the summer and fall seasons, while diarrhœa may occur at any time, from slight irregularities of diet or regimen; still, even the former may occur in other seasons than summer or fall. The distinctive features are really only found in the respective symptoms of each.

PREVENTIVE TREATMENT.

Avoid overfeeding and unsuitable articles of diet at all times, and particularly during summer and autumn. Shield your child from taking cold, from dampness, from the heat of the day, from the dew in the evening. Do not allow your child to be out after sunset, after the first of July, in miasmatic regions. Keep it in a dry room, and, during the autumnal season, keep the windows down unless it is intensely warm. Do you hear of an epidemic of dysentery

or summer-complaint in your town, remove the child to the country, or some healthy locality. Do not give it fruits or potatoes while the disease is about. If you live in a town where the disease occurs every summer as an epidemic, remove your child early in June to the country. Avoid the seashore; go to the mountains in preference. If you raise your child by hand, taste the milk before feeding the baby in summer; for a few hours of intense heat, or a thunder-storm, may turn it sour.

TREATMENT FOR DIARRHŒA SIMPLEX.

Dulcamara. A green, yellowish diarrhœa, brought on by a *cold.*

China, if during the diarrhœa *undigested food* is found in the stool, and *great weakness* occurs.

Mercurius Vivus or **Solubilis,** for *bilious diarrhœa during teething.* The evacuations are green and abundant, the tongue has a yellowish coating; also if the passages are so acrid as to corrode the rectum; also for white, clayish stools; *apthœ, or thrush, in the mouth;* yellow urine; yellow-tinged skin. Continue *Mercurius* until the passages assume the natural brown color.

Chamomilla is a sovereign remedy for diarrhœa during dentition, with pain and wind in the abdomen. The stools are as *green as grass,* look like *beaten eggs,* smell putrid. If the child is feverish and cross, alternate with **Aconite.**

Calcarea. In children *who teethe slowly,* have small bones, soft and flabby muscles, look pallid and scrofulous, have large heads, large stomach, perspire very easily.

Rheum. Very green or yellow watery diarrhœa; the stools smell acid, or *turn green after exposure to the air.*

The child's breath is acid. If it throws up curdled milk smelling acid, alternate *Rheum* with **Ipecac.**

Colocynth. If each stool is preceded by cramping pains

Pay strict attention to the *diet*, and *do not overfeed* the child. See "Nursing of Children."

TREATMENT OF DYSENTERY.

Aconite. *Fever*, thirst, dry heat, restlessness, distress. This is a good remedy to commence with; for often it checks the whole disorder without further treatment.

Mercurius Sol. or **Vivus.** Violent tenesmus after every evacuation; the large intestine is forced out; the stool is composed of nothing but *mucus and blood;* sometimes it is streaked with *green* and *white* jelly-like matter. The stool contains no feculent matter. This remedy should be alternated with another whenever it does not cover all the symptoms.

Colocynth. The colic pains are excessive. Alternate with *Mercurius.*

Ipecac may alternate with *Mercurius* if the dysentery occurs in the fall, *nausea* is present, and the stools are slimy and very bloody.

Arsenicum. *Great thirst, emaciation,* and *debility.* Stool very *watery*, blackish or greenish yellow. Colic after eating or drinking, often accompanied by vomiting, with *coldness* or *clammy sweat.*

Aloes. *Soft yellow stool,* with tenesmus; *great urging to stool; bloody stools, with colic.*

Colchicum. Particularly in *autumnal* dysentery, con-

sisting of *white mucus*, violent spasms at the anus (often without evacuations), *aversion to food.*

Cina. For dysentery, caused by worms.

Regimen. Keep the child in the open air as much as possible.

Diet. See "Nursing of Children." Avoid fruits, candies, sugar, and vegetables.

TREATMENT OF CHOLERA-INFANTUM AND SUMMER-COMPLAINT.

Camphora and **Veratrum.** Alternately every hour, when the child is suddenly taken with *vomiting* and *purging.* These should be continued for eight hours, and, if the disease does not abate within that time, select from the following remedies: —

Ipecac and **Chamomilla.** Alternately, if the above treatment does not succeed, for twenty-four hours; then, —

Arsenicum. *Violent vomiting*, and *diarrhœa* of watery, bilious, or slimy brownish or blackish substances, with severe pains in the abdomen; *thirst, restlessness, sudden prostration*, cold extremities, and clammy sweat.

Colocynth. Green vomiting, with *violent colic.*

Mercurius Sol. or **Vivus.** Important after the acutest symptoms have been allayed, and a greenish yellow diarrhœa continues.

China and **Phosphoric Acid** should be used when the disease assumes a somewhat chronic form; many stools continue day and night, the strength gives way, and for several days there is hardly a perceptible change of the disease.

Aconite, alternated with any other remedy, should be used whenever fever is present; also for great restlessness, and dry heat of the body.

Belladonna. The child becomes stupid, its face is red or very pale. The child *rolls,* and *sinks* the *head* in the pillow.

Bryonia and **Helleborus.** Alternately, whenever the child is threatened with *effusion of water* on the brain. The bowels are somewhat checked; but the child lies listless, *vomits, rolls its eyes* from side to side, does not recognize its mother; it does not cry, but it *shrieks.*

This disease is excessively perilous, and requires the most careful nursing and attention of the mother. No error in diet should be committed; for a very slight error may cause the child's death. Keep the child in the open air as much as possible; dress it so as not to be either too warm or too cold. The child should be kept at the breast, and, if that be not possible, its nourishment should be so regulated as not to overload the already weakened stomach. If milk seems to disagree, give light broths (see "Broths," in "Nursing by Hand"). *Fruits, vegetables, or sugar* are *strictly forbidden.*

A convalescent child, by the slightest error, may be brought to a sudden grave. Do not change the habits of the child except under the special advice of the physician.

TEETHING.

For the process of teething see "Eruption of the Teeth." The process of teething is often attended with such disturbance of the nervous system as to require medical attention; and, when this disturbance occurs in summer, complications

with diarrhœa and summer-complaint are apt to arise, and cause the condition of the child to become imminently critical. Although dentition is a natural process, still the local irritation often induces such sympathetic functional disturbances as congestion of the brain, spasms, eruptions, sore mouth, cough, diarrhœa, &c. During dentition, the face may become hot and red, the gums swollen, and — on the part under which the tooth pushes — white, hard, and sensitive to touch. Saliva dribbles from the mouth; and the little sufferers attempt to bite at every thing; and any thing hard seems to give them relief. Sometimes the glands around the neck take up the irritation, and become hard and swollen. The child becomes nervous, restless, and stubborn; its appetite may fail, diarrhœa set in, &c.

The eruption of the "cuspidati," or *stomach-teeth*, seems to create greater disturbance than that of any other; hence the common expression that the child's second summer is the most dangerous. During the process of teething, which is certainly a critical period in a child, the mother should be very careful that no neglect or error on her part should induce sickness in her infant; for any sickness during dentition is always of a grave character.

Weaning is an important question in regard to the welfare of the child during dentition (see "Weaning"). If a child is born during the fall, it is likely that its stomach-teeth would be coming during the second summer; and, if the mother is to nurse her child through that period, she will be keeping it at her breast for two years, — a long time, indeed, longer than Nature seems to require. Yet if the mother is strong and healthy, and does not seem to suffer from the long nursing, I would advise her to continue the child at her breast until after all the stomach-teeth have protruded, and particularly during the summer-season and the early months of autumn; for, should cholera-infantum overtake the child, it might refuse feeding by hand, while it would take the

breast. Moreover, the mother's milk is food already prepared, and less likely to disagree with the infant.

In regard to lancing the gums (against which some physicians have a prejudice, because they say that the incision will form a scar more difficult to be bored through by the teeth), I must say, that, when done *at the proper time*, great relief may be rendered without incurring any such difficulty. Let it be done when the gum over the tooth is much elevated, red, and tumefied, and the pressure of the tooth from underneath causes the centre of the protuberance to be of a pale color. When done at such a time, the tooth will be found directly under a thin cover, which will hardly bleed by the incision: this will give immense and immediate relief to the child. Thus impending convulsions, and congestior of the brain, may often be averted.

During dentition let the child have some ivory or coral piece to bite; but *do not give india-rubber*, the chemical constituents of which are calculated to color the teeth black, or corrode the enamel.

TREATMENT.

For restlessness, wakefulness, and obstinacy, give the child **Coffea.**

If the child is feverish, and the gums are swollen, alternate **Aconite** and **Belladonna.**

If the head becomes very hot, the face flushed, eyes sparkling, and the pupil widened, give **Belladonna,** every two hours, until relieved.

For diarrhœa, constipation, cough, or dysentery, induced by teething, see the respective chapters of these diseases.

SOFTENING OF THE STOMACH.

This disease is often confounded with dropsy of the brain, cholera-infantum, or ailments connected with teething.

It consists in a disorganization of the stomach, in which its walls are softened, ulcerated, and rendered incapable of performing the functions of digestion.

The attack is sudden, and often runs to a fatal termination in twenty-four hours. Children are liable to it from their birth to three and four years of age.

Symptoms. Sometimes it sets in like cholera-infantum; but, in this case, the *fever* is very *violent.* The vomiting is of a greenish color, sour, and of a putrid smell; the *abdomen swells*, and the *stomach is very hot.* The features become suddenly *collapsed*, the skin cold; a clammy perspiration covers the body. The breathing is oppressed, and the children have a *dry cough.* The cry becomes a moan; the restlessness is constant; the thirst unquenchable; convulsions end the frightful scene.

A disease so difficult to properly diagnose, so intense in its form, so fatal in its invasion, will require the immediate attendance of a skilful physician.

Causes and Prevention. As this disease is almost always induced by improper nursing, by milk deteriorated through carelessness in the regimen and diet of the mother, by articles of diet unsuitable to a child's digestion, it becomes imperative that the mother should perfectly acquaint herself with all the paragraphs on "Nursing and Weaning" in order to avoid a disease so fatal to her infant.

In families where this disease is hereditary, the mother should decline nursing her child in favor of a healthy and proper wet-nurse.

Weakly children should not be weaned too soon, or while teething, or while under an affection of the bowels.

TREATMENT.

Aconite, alternately with **Arsenicum,** should be given as

soon as the fever and the *peculiar vomiting, thirst,* and diarrhœa, or *collapse* of the features, make their appearance.

If the child is teething, and the great thirst is absent, **Calcarea** may be given in preference to **Arsenicum.** As soon as an *exhausting watery diarrhœa* and *great depression of strength* occur, **Phosphoric Acid** should be given.

The complications of this disease, and the nicety required in the selection of remedies, are so important, that no layman should trust himself; hence I decline indicating any further medical treatment.

WORMS.

It may be a humiliating fact, but it is nevertheless true, that parasitic animals find habitation in our body, and that there they live and are nourished.

Several species of these parasites have been found; but, to serve the purpose of this work, it will be necessary to mention only those most common among children.

1. The "round-worm" (*Ascaris lumbricöides*), which is in shape, size, and appearance like the ordinary earth-worm. This is the most common in children.

2. The "thread-worm" (*Ascaris vermicularis*), which is like small bits of thread.

3. The "long thread-worm" (*Tricocephalus dispar*), a thread-worm, but longer than the last.

4. The "tape-worm" (*Tœnia solum*), which may be many feet long.

The *round-worm* is from five to six inches long, of a reddish-brown color. This worm usually inhabits the small intestines: it sometimes finds it way upward into the stomach, and downward into the lower bowels. When they creep to the stomach, they create such an irritability of that organ and of the nervous system as to induce fever,

vomiting, and serious disturbances, even indicating a typhoid fever. As soon as the stomach expels them, all the symptoms subside, and the patient gets well as if by magic.

This worm has been said to rise in the throat, and cause alarming symptoms of strangulation. It may exist single, or in a multitudinous mass. It is very prolific.

This worm is more common in the early period of childhood than afterwards.

The *thread-worms* of the first and second class inhabit principally the rectum, and are found in vast numbers: they are often ejected, or pass out, matted together in the shape of balls, or entangled in portions of excrement. Sometimes they crawl out of their own accord, and find their way into the vagina, causing a most intolerable itching.

These worms also exist principally in infants, although they sometimes are found in adults.

The effect upon the locality is that of *itching*, which gives no peace, and renders the patient nervous and irritable.

The *tape-worm* has a long flat body composed of many pieces articulated together. These pieces become detached, and can pass off without affecting the life of the worm: they look like small square pieces of tape. Its length is so considerable, that much exaggeration has been indulged in regard to it. Many specimens, however, are preserved, that are upwards of twenty feet in length. One or several joints may be expelled, and the worm still live and grow. The motions of this worm are sometimes felt in the abdomen.

This worm, however, is more frequent in adults than in children. It is found in animals, and is more frequent in some countries than in others. In England, Holland, and Germany, it is quite common.

Symptoms of Worms. The symptoms are *local* and *sympathetic*, and frequently very obscure.

With some people, any thing that ails a child suggests to them the idea of worms; with some others, they hardly exist

The child complains now and then of pain in the abdomen, which looks puffy and swollen; it loses its appetite or becomes morbid in that regard; its breath smells fetid; it constantly picks at its nose; one cheek becomes red while the other is pallid; the child grinds its teeth at night; startles easily from sleep, or talks while asleep; the bowels generally become deranged. Reflex action upon the spinal marrow induces also, although not always, peculiar nervous symptoms. A cough appears without the child having a cold.

While I was attending a sick boy, early one morning, the mother came to me, and in an anxious manner said, that another boy, three years old, was that morning taken with a constant, uninterrupted, irritating cough; and that nothing they had given to check it had any effect whatsoever. I went to the child, and ordered a tumblerful of milk, which he took with avidity. He did not cough again. His mother begged me to explain the phenomenon. I told her that the worms had not had their breakfast, and that, in their hunger, they were squirming around, inducing that fit of nervous cough; but that now they were fed, and would sleep quiet. The above symptoms belong properly to the common "round-worm."

The *thread-worms* produce great itching and irritation of the anus.

The *tape-worm* is only detected when some of the joints are voided; hence the necessity of examining the excrement each time when there is a suspicion of its presence.

The symptoms of this worm are summed up in the symptoms of the other two kinds. But the presence of this worm greatly affects the appetite, which is sometimes

wanted, often of the most ravenous and unsatiable kind; and, although persons eat a great quantity, they nevertheless constantly lose flesh. The pupils of the eyes become dilated; pains in the limbs, lassitude, and general nervousness follow.

TREATMENT.

There is no one disease or class of diseases that has excited so much the ingenuity of medical "quacks" as worms. How many hogsheads of "vermifuge" our victimized children have taken only these soulless medical quacks who live in marble palaces can tell: how much injury has been done to those innocent beings by "nostrums" only God and desolate mothers can know.

For *round-worms*, **Santonine**, *one-tenth of a grain every three or four hours*, is probably the most effective remedy known.

Cina, Spigelia, Stannum, are all remedies that should be tried when one remedy is not successful.

The sympathetic symptoms will disappear from the moment the cause is removed.

Sulphur should be given after the worms have passed, and the symptoms are removed, particularly where the child gives evidence of a scrofulous constitution, and is liable to eruptions.

Spigelia is preferable in cases where there is fever, colic, diarrhœa, with craving appetite, and the symptoms appear at the *same hour* every day.

For *pin-worms* and *tape-worms*, the treatment is of sufficient importance to be left to a physician, though it may be well to add that **Kousso** is the most reliable specific for *tape-worms*.

DIET AND REGIMEN.

Very light and digestible diet. Change the fountain from which you draw the drinking-water: these parasites

often come in that beverage. Avoid acids, fruits, and vegetables when diarrhœa is present. When a child is subject to worms, he should avoid gross food, butter, potatoes, heavy puddings, pies, vegetables, in fact any rich food. Let him take plenty of exercise, and make free use of ablutions.

AFFECTIONS OF THE SKIN.

ERUPTIONS FROM TEETHING, HEAT, OR SLIGHT INDIGESTION.

An eruption of fine red pimples during dentition, or from summer heat, often breaks out on the child's face, neck, and even over the whole body. The skin looks and feels rough: sometimes the pimples look like flea-bites. This eruption appears particularly when the child is kept too warm. The eruption from indigestion after eating strawberries is apt to be in the form of "Hives," in which the skin rises in blotches, is intensely itchy, and has a whitish appearance on the top. These eruptions disappear quickly without any medicine; but if they remain, and are troublesome, the following remedies will be found useful: —

Aconite. For eruption from heat, causing restlessness.

Mercurius. If from teething.

Nux Vom. If from indigestion.

The usual ablutions of the child should not be stopped for these eruptions.

If the child seems itchy, compelling it to scratch, wheat-flour may be sprinkled over the parts affected.

CHAFING, EXCORIATIONS,

OR RAWNESS OF THE SKIN.

The excoriations which often occur between the limbs, nates (buttocks), or under the arm-pits, are always caused by the negligence of the mother; for should she wash her child in those parts often, and between the limbs every time after the child wets its napkin, or has a passage after diarrhœa, and then sprinkle rice-powder on the parts, the child need never suffer from that inconvenience.

But, when they have occurred, the parts should be lubricated with sweet oil. If this does not stop the chafing, *powdered peruvian-bark* should be spread on it after the parts have been washed.

Rhus given internally will assist in the cure.

ERYSIPELAS

OF NEW-BORN INFANTS.

During the earliest days of the infant's life, erysipelas often occurs. It may proceed from a circumscribed spot around the umbilicus, from the sexual parts, from the extremities, or the thorax. It spreads very rapidly, and may cover the whole body.

This is a formidable disease, and should be treated by an intelligent physician.

Causes. Washing the child with irritating substances, such as bad soap, alcohol, liquors; uncleanliness; injuries; rude handling; and the use by the mother of spirits and bad diet; changes in the milk, brought on by anger and passion; cold and miasmatic influences.

The symptoms are restlessness, peevishness, fever, vom

iting, colicky pains, diarrhœa, or constipation. The skin is of reddish-yellow; the urine scanty, and leaves yellow stains.

Aconite should be given immediately. If the disease shows no abatement in twenty-four hours, alternate it with **Belladonna**; and if, in twenty-four hours more, the disease still progresses, give **Rhus** in place of **Belladonna.**

Apis and **Lachesis** are also very good remedies here.

JAUNDICE.

This is another disease that may supervene almost immediately after birth. The yellowness of the skin will give sufficient evidence. If the child does not appear sick, and its stools are natural, no treatment is necessary; but if the child has diarrhœa, or its stools are of a *clayish-white* color, the urine *dark* and *yellow*. **Mercurius** should be given two or three times a day.

BLUE DISEASE (*Cyanosis cardiaca*).

Sometimes, shortly after birth, the child's face, sexual organs, tips of the fingers and nails, become of a livid-blue color. The child may become cold, the pulsations of its heart irregular and noisy. The child may faint, or have suffocating paroxysms. These paroxysms may last an hour or two, and terminate in long inspirations and regular breathing.

This disease is owing to some malformation of the heart that renders the circulation imperfect.

TREATMENT.

The only course to adopt is to keep the circulation going;

hence frictions, immersion in warm water during the paroxysms, should be resorted to. A bath containing *camphor* or a little *alcohol* or *brandy* may be useful. The bowels should be kept open, moved at least once a day, with an injection of warm water. Nursing should be light. Care should be taken not to overload the stomach.

A case like this should, of course, be treated by a skilful physician; hence I will offer no medical remedies.

MILK-CRUST (*Crusta lactea*).

This is a disease peculiar to children at the breast. It occurs more often during the period of dentition than at other times, and may last until the third year. Fleshy, robust children, with a delicate and white skin, are most liable to it.

The eruption is generally "characterized by little pustules disposed in *irregular groups*, developing themselves upon the face and scalp, and furnishing an abundant viscid fluid. *The pustules, at first white and very slightly elevated, are surrounded by a red, inflammatory areola.* The yellow or greenish fluid discharged from them is transformed, in drying, into thin and yellow scabs, which, by their successive accumulation, spread sometimes to such a degree as to form a veritable mask." — *Teste.*

This is not a dangerous disease, but excessively annoying to parent and child. The itching caused by this eruption is intense, sometimes keeping the little one constantly at work with its hands.

It is not contagious; and by some people it is regarded as a "salutary depuration."

TREATMENT.

Iacea, Viola Tricolor, vulgarly called "*the Pansy,*" has been in use from time immemorial for this disease, generally

with great benefit. It has been given in doses sufficiently large to affect the urine; but there is no necessity of that. The homœopathic tincture of *Viola tricolor* is in most cases sufficient. *Six drops of the mother tincture in twelve teaspoonfuls of water, one teaspoonful every four hours,* should be given.

Should the eruption not yield in a week or two to *Viola*, **Sulphur (30th)**, three doses every day, should be tried for two weeks longer.

Sepia, Rhus, and **Hepar Sulphuris,** high dilutions, are also recommended.

Externally, no other application than sweet oil, to facilitate the loosening and fall of the scabs, should be made without consulting with a physician.

DAMPNESS.

During the period of dentition, a child may be affected by a "dampness" behind the ears, which spreads down the neck, and towards the eyes. This moisture adheres to the hair, and, in drying, assumes the appearance of milk-crust. It first appears like sweat behind the ears, but gradually becomes thickened and consistent. The falling of the scurf leaves the skin red and inflamed, from which the moisture continues to exude.

TREATMENT.

The parts should be washed often with warm milk and water. When the scurf is formed, it should be oiled with sweet olive-oil or glycerine, to assist in detaching it, and in keeping the air from the inflamed surfaces.

A little raw cotton may be placed on the parts to absorb the moisture. **Calcarea** or **Sulphur (30th)** may be given internally.

MUMPS.

This is an inflammation and enlargement of the salivary glands under and in front of the ear. These glands often attain a very large size. They commence on one side generally, and, as one subsides, the other side becomes affected. This disease generally affects a person only once, and it is easily communicated from one to another. Adults who never had it during childhood are liable to its invasion. It is not a disease attended with danger, although there are instances in which, in boys, the disease has been transmitted to the testicles.

TREATMENT.

Mercurius Protiodide (3d trituration). *One grain every three or four hours* is generally sufficient to meet the case.

Should a sudden disappearance of the mumps be followed by excitement of the brain, or convulsions, **Belladonna** should be immediately administered.

Should the disease strike the testicles, **Mercurius solubilis** (3d trituration) should be administered *every two hours.*

Aconite may be alternated with either of the above remedies, if the pulse is full and rapid.

REGIMEN AND DIET.

The neck should be covered with thin flannel. The patient should *not be exposed to cold or dampness.* Diet light.

NERVOUS DISORDERS.

CONVULSIONS AND SPASMS.

THERE is no disease more calculated to frighten a mother or a nurse than convulsions or spasms; and yet there is hardly a disease less threatening to the life of the child, while requiring more coolness and self-control on the part of the attendants, than that. Although convulsions indicate a great irritability of the nervous system, they never prognosticate a dangerous condition of the child, except when they supervene after a long sickness from teething, summer-complaint, dropsy of the brain, or *after a fall.*

Some children have such an impressible nervous system, that a slight indigestion, the cutting of a tooth, the crawling of worms, will induce spasms and convulsions. I know a child who is taken with convulsions whenever it has fever; and yet it is a splendid specimen of growth, health, and intelligence. I have attended one in whom a convulsion was always a precursor of fever and ague. Some go into convulsions from ear-ache; others from anger or excessive crying. These convulsions, instead of injuring the child, seem, on the contrary, to benefit it: the insensibility during or following a convulsion seems to quiet the nervous system, to the child's great relief.

These things should be fully understood by the mother and the attendants; for more harm than good is often done by attempting to break up a convulsion, which is not possible to do, and for which there is no necessity.

Whenever your child goes into a convulsion, be calm; order warm water in its little tub; undress it gently, — *not on your knees,* but on a flat surface, on a bed, particularly; do not tear every thing to pieces, and throw its limbs or

head about in the attempt to divest it of its clothes. *There is not the slightest necessity to hurry.* If, when the warm water is at hand, the child is undressed, and still laboring under spasms or a convulsion, dip it in the warm water for two or three minutes; hold its head, so that it will not jerk about; take the child out, wrap it in a blanket, and let it alone. But if, just as the preparations for the bath are accomplished, the child seems out of the convulsion, or spasms, *let it lie quietly;* do not disturb it, it will sleep, and wake up a great deal better.

The convulsions from the causes above mentioned hardly ever require specific medication. If worms are suspected, worm-medicines might be given; if from teething, see treatment of teething. In fact, these convulsions are only a symptom, not a disease.

Another class of convulsions which need not excite the mother's anxiety is that which often precedes eruptive fevers, such as measles, scarlatina, small-pox; for, as soon as the eruption appears, the convulsions disappear. It is even observed that convulsions, in the beginning of an eruptive fever, prognosticate a moderate course of the disease.

If convulsions appear, however, upon a sudden disappearance of the eruption, or when the course of the eruption ought to have reached its end, it will be taken as a bad symptom: it indicates the transmission of the disease to the head.

Convulsions from a fall (see "Falls") are dangerous, inasmuch as they indicate that the fall has probably caused concussion, or an effusion of blood on some parts of the brain.

Convulsions from the presence of indigestible articles of food in the stomach are dangerous, because, if those substances are not quickly ejected, the convulsions will return, remain longer, and induce a cerebral congestion, dangerous to the child's life.

In *convulsions from teething*, if the head is very hot give it a foot-bath containing mustard or ashes, and pour a continuous stream of cold water over its head until that has sensibly cooled off.

If the child does not recover soon from the convulsion, and particularly if it has been constipated or flatulent of late, give a copious injection of lukewarm water, containing one tablespoonful of sweet-oil or soap-suds.

The child should only be rubbed dry, with no alcohol or any stimulating substance.

TREATMENT.

If convulsions or spasms are brought on by a fall, **Arnica** internally should be given; the head should also be bathed with *arnicated water*, in the proportion of one-fourth of **Arnica Tincture** to three-fourths water.

Nux Vom. should be given if indigestion, constipation, or flatulence, have induced convulsions.

Belladonna and **Calcarea**, if from teething. (See "Teething.")

Ignatia, if from fright, excitement, or crying.

Cina, **Stannum**, or **Santonine**, if from worms.

If caused by a sudden disappearance of any eruption, take a sheet, dip it in very warm water (that would not scald), wrap it around the child from the feet up to the chin; around that wrap one or two blankets; leave the child in the pack for an hour or two, in fact until the child perspires freely, and the eruption has re-appeared all over its body. If it is from suppression or retrocession of scarlet-rash, give **Belladonna**; if of measles, **Pulsatilla** and **Bryonia**; if of small-pox, **Mercurius** and **Saracenia**.

If caused by an overloaded stomach, or by eating indi-

gestible food, cause the child to vomit by a copious draught of warm water containing a small pinch of mustard.

If, after the convulsions, the child lies in a stupor over two or three hours, give **Opium** alternately with **Helleborus.**

If the child does not speedily recover under this treatment, send for a skilful physician.

URINARY DISORDERS.

THE mother should be especially careful in noticing that the functions of the bladder of her infant are performed regularly and without any difficulty; for an infant has no means to convey an expression of its distress like a grown person: and a serious inflammation of the bladder may be induced before the mother becomes aware of it, by the inability of the child to void its urine.

RETENTION OF URINE.

Shortly after birth, the infant should discharge the contents of the bladder, else the bladder would become distended, and liable to a very troublesome if not a fatal inflammation. A long retention of urine will induce fever, restlessness, pain: the child will twist its little body and legs, and even have convulsions.

TREATMENT.

If the child should go over twelve hours without passing water, a cloth wet in warm water should be applied to its genital organs; if that does not succeed within two hours, give it an injection, by the rectum, of a gill of warm water

and nulk. Should this not succeed, immerse the child in a warm bath containing wheat-bran; during the bath, make rotatory fructions over the bladder. This treatment is, generally, sufficient in retention of urine from any cause except calculous deposits, and in children of all ages.

Should internal treatment be required, an infusion of common **Parsley,** *one teaspoonful or two, according to the age of the child, repeated every hour,* is a very good remedy, and generally adopted in Europe.

A water-melon-seed infusion is very much used in the United States, and is very efficient and harmless. It may be found at any apothecary's. For spasmodic retention of urine, to which a child may be subject, **Pulsatilla** or **Belladonna** will be found useful.

Cantharis will be appropriate if the child passes urine by *drops, with great difficulty and pain.* If the child has any difficulty in urinating, do not give any alcoholic stimulants on the apprehension that it suffers from pain in the bowels; for they will greatly increase the difficulty.

INCONTINENCE OF URINE

WETTING THE BED.

This, besides being unpleasant to the child, is very inconvenient to the mother. It is a weakness of the neck of the bladder, to which many children are subject. This is, principally, a nocturnal difficulty; although, when there exists an organic weakness, it may occur during the day.

In many cases, it is due to certain constituents of the urine, such as an excess of lithic acid, which is irritating. It may be induced by the presence of worms in the rectum,

particularly the pin-worm; again, to a natural weakness of the neck of the bladder.

If this infirmity is not controlled, it eventually becomes a habit very difficult to eradicate.

TREATMENT.

Precautionary measures should be adopted; e.g., limit the quantity of drink, particularly before going to bed or during the night. Arouse the child at stated hours to void its urine, during the night, so as to prevent a great accumulation in the bladder. Cold sponging at the back on retiring is considered useful. *Do not allow the child to lie on its back.*

Nux Vom. is very efficient if the incontinence appears to be due to weakness of the bladder and to indigestion. If *Nux* does not succeed, **Belladonna** should be tried.

If induced by worms, **Cina, Stannum,** or **Spigelia.**

Silicea and **Sepia** may be tried in inveterate and stubborn cases.

GRAVEL OR CALCULI IN INFANTS.

Even soon after birth, a child may be subject to gravel.

The *symptoms* are painful discharge of a few drops of blood-colored urine with slimy, purulent sediment. Only a physician of skill should be allowed to treat the case.

FEVERS,

AND ERUPTIVE FEVERS.

A very slight disorder may induce fever in an infant. As soon as fever is detected, ask yourself the following questions: —

Is it from *indigestion?* Has the child *eaten* any unusual food, — a piece of a bad potato, cake, &c.?

Was the milk pure? (See "Gastric Derangements.")

Is it from *teething?* Look at its *gums* if they are red and swollen? (See "Teething.")

Is the *scarlet-fever* about? Is its face uncommonly red, hot, or swollen? Are there signs of *sore throat,* of difficult deglutition? Is there *inclination to vomit?* (See "Scarlet-Fever.")

Are the *measles* about? Is the fever accompanied by *running water at the nose or eyes?* Do the eyes look congested? Is there cough, and inclination to vomit? (See "Measles.")

Is it from a *cold on the chest?* Is the breathing very short? and does breathing cause wheezing in the chest? Is there a *dry or loose cough,* with rattling? Does the child cry after every fit of coughing? (See "Pneumonia and Bronchitis.")

Is it *from worms?* Does the child startle from its sleep, *grind its teeth, rub its nose?* Is its abdomen hard and swollen? (See "Worms.")

Is it an *intermittent* fever, *fever and ague?* Does the child look blue and cold? Is its skin rough, like goose-flesh, before the fever? and is it followed by a sweat? Is there an interval of perfect *intermission?* and does the fever recur periodically? (See "Intermittent Fever.")

Is it a *remittent fever?* Does the fever *fall* and *rise* at

regular periods, *without absolutely leaving* at any time? (See "Infantile Remittent Fever.")

SCARLET-FEVER AND MEASLES.

These are two distinct and different diseases, yet I treat them in the same paragraph, to make the difference more clear to a non-medical attendant; for it often occurs that there is doubt in the mind of the mother or nurse, particularly during the stage of incubation, as to the real nature of the eruption.

GENERAL SYMPTOMS AND COURSE.

Scarlet-Fever	Measles
Occurs sporadically and epidemically.	Occur sporadically and epidemically.
Contagious and infectious.	Contagious and infectious.
Fever runs very high.	Fever runs very high.
Face sometimes red and swollen.	Face sometimes red and swollen.
Eyes red and congested.	Eyes run water, and are slightly red.
	Nose runs water; the child sneezes, and *has all the symptoms of cold in the head.*
Tongue looks like a *strawberry.*	Tongue only coated white or yellow.
Throat sore and red: there is pain and difficulty in swallowing.	Throat generally free.
	Hoarse cough.
Tends to the throat.	*Tends to the chest.*
Nausea and *vomiting* are often present before the appearance of the eruption.	*Nausea* and *vomiting* are often present before the appearance of the eruption.
Convulsions sometimes occur before the eruption.	*Convulsions* sometimes occur before the eruption.
The eruption appears from the *second* to the *third* day.	The eruption appears from the *fourth* to the *fifth* day.
The eruption appears on the	The eruption appears on *the face*

Scarlet-Fever.

neck first, then on the face and on the chest, and spreads all over.

The eruption is an *efflorescence*, a blush, as it were, *even* all over. The skin is as red as a *boiled lobster*. The eyes and throat are red,

While the eruption is on, the inflammation of the *eyes* and *throat* increases.

The eruptive stage lasts about *twelve hours*.

The stage of efflorescence lasts four days, when the redness gradually disappears, the fever abates, the violence of the sore throat yields, and the child appears freer and better.

The stage of desquamation (or scaling off of the dead skin) commences on the *sixth day* after the appearance of the eruption. On the back and around the joints, the eruption continues the longest; the skin becomes moist, but the fever still continues. Later, the neck, face, and chest begin to itch; the fever and the throat-difficulty leave; the tongue becomes moist and clean, and loses the strawberry appearance. The urine becomes copious, turbid, and gives a *reddish-white* sediment. The bowels move freely, and give great relief.

Sequelæ.— Diseases of the brain, spinal marrow, dropsy, deafness, abscesses under the skin, rheumatisms, suppuration of articular cavities, furuncles, chronic catarrh, gangrene of the throat.

Measles.

first, then on the nose, ears, eye lids, and spreads down the neck body, and, lastly, over the limbs.

The eruption comes in *clusters*, is not of a vivid red. *The patches* are *semi-lunar* in shape, and mark the face particularly.

While the eruption is on, the symptoms of *pneumonia* increase.

The eruptive stage lasts *two or three days*.

The stage of efflorescence lasts three or four days, when the fever disappears, the patches assume a pale yellow color, the catarrh abates, and the hoarseness ceases.

The desquamation commences on the sixth or seventh day, and even later, with itching of the skin.

The skin detaches, and falls like bran. The fever disappears entirely, the skin becomes moist, and a copious sweat ensues.

A slight *bleeding at the nose* often occurs. The eyelids become agglutinated during sleep, the nose discharges a purulent mucus, and the cough is very loose. The urine is copious, and gives a *white* powdery sediment. The bowels become very active. The appetite and strength return, and the child feels well.

Sequelæ. — Chronic catarrh, whooping-cough, phthisis, pneumonia, croup, ear-ache, deafness, dry, irritating cough, with hoarseness, inflammation and suppuration of the eyelids, chronic eruptions, &c.

The above parallels show the distinctive symptoms of the two diseases, but do not contain all the symptoms and varieties of each disease; hence each will be described as follows: —

I. SIMPLE SCARLATINA,

In which all the symptoms of scarlet-fever are moderate; when the eruption appears, the fever abates; the throat is slightly, if at all, affected; the nausea, oppression of breathing and of the stomach, are relieved after the appearance of the eruption; on the fifth or sixth day, the child enters into a happy convalescence.

II. SCARLATINA ANGINOSA

Is ushered in with shiverings, followed by intense heat and dryness of the skin, frequent and hard pulse, nausea, vomiting, headache, *violent sore throat, painful deglutition,* intense thirst, pain and tenderness about the stomach and abdomen, pain and stiffness of the neck, tongue coated with a yellowish or whitish fur, out of which come the enlarged papillæ, that make it look like the surface of a strawberry; the throat, palate, tonsils, are red, swollen, and ulcerated; eyes red and injected; voice thick and hoarse. All these symptoms increase in intensity until the seventh and eighth day, when desquamation commences, and all the symptoms abate.

III. SCARLATINA MALIGNA.

All the above symptoms exist in greater intensity, with a tendency to dissolution. The fever assumes a typhoid character, in which the pulse is very frequent and very weak; the eruption is only partial, and of a pale color; the throat is full of foul, ash-colored ulcers; an acrid discharge issues from the nose; the tongue, at first red, now becomes dry and black; the skin finally becomes dark; the abdomen is covered by a fine eruption, like flea-bites; diarrhœa and

hemorrhage follow. The expression of the face is stupid. The physical exhaustion is excessive. The brain, lungs, or abdominal viscera become seriously affected, and finally death ensues.

This last form of scarlet-fever is fatal almost from the beginning.

I. SIMPLE MEASLES.

Measles have also their varieties, although they do not occur so often as in scarlatina. The simple form of the disease is ushered in with chilliness, followed by fever, with all the accompanying *catarrhal symptoms.* A sense of languor overtakes the patient, who complains of frontal headache, loss of appetite, nausea, vomiting. The fever goes on in a regular form, without any very distressing or alarming symptoms.

II. COMPLICATED MEASLES

May be known by the intense fever, great catarrhal irritation, *cough,* shortness of breath, *pneumonia.* The tongue is thick and yellow; great retching and vomiting; bilious diarrhœa; jaundiced color of the eyes and skin; urine red or brown.

III. MALIGNANT MEASLES

Has all the above symptoms intensified. The *eruption appears* and *disappears;* it *develops irregularly,* by fits and starts; in some parts, it is of a pale livid color; in others, bright red. The physical prostration is excessive. The head is dull; stupor or sleeplessness follows; the skin is alternately hot and cold; the tongue becomes dry and brown; a muttering delirium follows; the pulse becomes small and weak, sometimes fluttering; the breathing very much labored, the cough harassing and convulsive. If this terrible form of the disease is not soon checked, watery diarrhœa, clammy sweat, hemorrhage, apthæ, ulcers, and

all the forms of a putrid disease, follow, which must end in death.

PROGNOSIS OF

Scarlet-Fever.

There is no more insidious and deceiving disease than scarlet-fever.

While mild and light in the beginning, in a few hours it may assume its most terrible form. On the other hand, while threatening in the beginning, it may run a mild course. The greatest danger is from the first to the sixth day of the eruption.

Weakly children, and children at the breast, are in great danger.

Robust children are more exposed to cerebral complications.

A livid color of the eruption, its evanescent character, accompanied by delirium, are dangerous symptoms.

When the angina, or inflammation of the throat, is proportionate to the eruption, it is more favorable than when it is disproportionately slight, and disappears too rapidly.

Inflammation and ulceration of the glands of the neck, foul breath, watery diarrhœa, stupor, vertigo, deafness, convulsions, grating of the teeth, retention of urine, hemorrhages, sudden prostration of strength, frequent and small pulse, are dangerous symptoms.

Violent, urging disposition to urinate, and discharge of watery urine, while the eruption is fully

Measles.

This disease is generally mild in its character, although there are epidemics when it is very virulent and fatal.

The *sequelæ*, or after-effects of the disease, are more dangerous than the disease itself.

The measles process may be intense, yet run a uniform and uncomplicated course.

The greatest danger is during desquamation.

Weak and scrofulous children are more exposed to its after-effects, such as chronic catarrh, sore eyes, ear-ache, coughs, &c.

If the disease breaks out while the patient is affected by whooping-cough, influenza, teething, the danger is greater.

Irregular development of the disease, livid appearance of the eruption, sudden disappearance of it, with increase of cough and labored breathing, are dangerous signs.

Great prostration, watery diarrhœa, dulness, inflammation of the lungs, great restlessness, vomiting upon the disappearance of the eruption, are dangerous symptoms.

Scarlet-Fever.	Measles.
out, indicate a dangerous attack on the brain and spinal marrow. Sudden change of color in the face, especially sudden paleness and coldness, indicate impending death. *Favorable signs* are: absence of internal inflammation; florid eruption of a scarlet red; regular course of the eruption; general desquamation; abatement of the pulse after the eruption is out.	Small, running pulse; harassing, convulsive cough; labored breathing; hot and cold surface; clammy sweat; hemorrhage, — indicate imminent danger. *Favorable signs* are: regular course of the eruption; the eruption is out in full, and well developed. The fever abates on the appearance of the eruption; the cough is slight, or absent; the breathing is only slightly accelerated. The congestion of the eyes and discharges of the nose subside on the beginning of desquamation. In adults, this disease assumes a graver form than in children, predisposing the victims to pneumonia, phthisis pulmonalis, consumption, &c.

DIET AND REGIMEN.

Great precaution is requisite alike in both these diseases, for the danger lies in the repercussion and sudden suppression of the eruptions. All draughts, currents of air, dampness, must be carefully excluded from the room. While, in scarlet-fever, the room may be kept moderately *cool*, in measles, it should be kept moderately *warm*. And so with beverages: in scarlet-fever, they should be *cold;* in measles, the chill should be *off*. Again: in scarlet-fever, it is very grateful and safe to the patient to *sponge the body* with cold vinegar and water; it would be fraught with *danger* to do the same with measles. Ventilation of the room is necessary in both cases, but should be done only through another room or a hall, and not by means of an open window in the same

room, except during a hot spell of weather in summer, and then with caution.

The **Beverages** may consist of water, sweetened or not with a little sugar or syrup; toast-water; mucilaginous drinks, such as slippery-elm, gum-arabic water; marsh-mallow-water, &c.

The **Nourishment** should consist of barley, oat-meal, rice, bread-crumbs, farina, gruels, milk and water, bread and butter, stewed fruit, except in cases where great prostration indicates the need of broths and beef-tea.

The greatest care should be taken not to infringe on these rules during the stage of *desquamation;* for in both diseases this is the *most critical period,* when the system is very sensitive to dampness and cold, and when the foundations of a serious disease are apt to take root. *No solid food* should be given until this period is fairly passed, the fever gone, and all irritations subdued; and the re-assumption of solid food should be *gradual,* and spare in quantity.

Caution should be taken that *change of linen* and clothing should be done with doors and windows *closed,* and that the fresh articles of clothing should have been exposed to a perfect drying process before the fire, immediately before putting them on. *Do not trust linen that has been a long time washed and dry in a closet or drawer;* for in that time it must have absorbed from the atmosphere a moisture which may be perilous in the extreme.

If the eyes are inflamed or sore, the room should be kept dark.

It is only after the eruption has entirely disappeared, and while the skin falls rapidly off, that the child may have a tepid bath.

Should the brain give evidence of being invaded, the utmost quietude should be enforced.

Use of Water. There is an apprehension among people that the application of cold water is fatal in eruptive diseases. This is an error. Cold water, properly applied, can be of great benefit to a child burning with an inflamed skin, and sometimes be the only means to save its life. A skilful and experienced hydropathist recommends the following treatment: "Wrap the patient within a sheet wet in common cold water, and then wrap around two blankets; let the patient remain in the pack until perspiration ensues, when you should wash it off with milk-warm water, and put the patient in dry clothing. If the throat is inflamed, wrap around the throat a cooling bandage during the perspiration, taking care to change it every five or ten minutes. If the first packing does not promote perspiration, renew the wet sheet until perspiration ensues. This process is repeated as long as the fever exists in a high degree.

"In case the eruption strikes in, the patient is sponged off in cold water all over, and, if spasms had ensued, dash cold water over him in large quantities until the spasm ceases; wrap the patient then in blankets, without rubbing him, and, if possible, give as much cold water to drink as he can take. In most cases, a general perspiration will ensue, the eruption re-appear, and the patient be saved." — *Pulte.*

The patient should be allowed to remain in the pack, if perspiration is promoted, until the high fever is decidedly reduced, and the eruption out in full again. He should be taken out of the pack, however, if, during perspiration, the heat in the head and throat increases, or difficulty of breathing ensues; when he should be washed off with luke-warm water, thoroughly dried, and put in dry clothing.

PREVENTIVE TREATMENT.

It is universally acknowledged that **Belladonna** is a prophylactic against *scarlet-fever.* Even allopathic physicians now recommend it, regardless of its homœopathic history.

Whenever persons have been exposed to the infection, or are so near as to be in danger, *Belladonna* should be administered. *A few pellets twice a day* will be sufficient; or *one drop of the tincture* may be diluted in a *tumbler half-full of water*, and *one teaspoonful given once or twice a day.*

Pulsatilla is said to be a prophylactic against *measles.* Although this is not so well proved as *Belladonna* in scarlet-fever, still, as it can do no harm, it should be given. Dose the same as *Belladonna.*

TREATMENT OF SCARLET-FEVER.

Aconite and **Belladonna** cover all the symptoms of scarlet-fever during its inflammatory stage.

These two remedies should be given every hour or two, alternately, until the fever, and inflammation of the throat and eyes, abate.

Hyoscyamus. A few globules may be given at night for *restlessness* or *wakefulness.*

Ipecacuanha. If gastric symptoms are prominent, such as *nausea, vomiting,* fetid breath, loss of appetite, pain, and uneasiness about the stomach, *diarrhœa with nausea.*

Mercurius. For *ulcerations* of the mouth; profuse *salivation; ulcers* on the tonsils, covered with ash-colored sloughs; deglutition very difficult.

Muriatic Acid. In malignant sore throat, when there is tendency to *sloughings of the throat* with great *depression* of the vital forces, *tremors,* confused intellect, cold extremities, *clammy sweat, watery diarrhœa.*

Arsenicum. When *prostration is extreme,* with pain in

the stomach and abdomen, *great thirst*, tongue and lips brown and dry, pulse extremely weak and thready, pinched countenance, *watery diarrhœa*, coldness of the extremities, clammy sweat.

Cuprum Aceticum. For *sudden disappearance* of the eruption.

Scarlet-fever should be treated by a skilful homœopathic physician.

The remedies should be repeated rather often, until they have produced the desired effect; and, although I have confidence in high dilutions, in extremely dangerous cases I have always used the low.

SEQUELÆ OF SCARLATINA.

Ear-ache and ulceration in the ear.

Belladonna should be given first. If no relief follow in twelve hours, give **Pulsatilla.** If these remedies fail, pour a drop or two of **Oil of Sweet Almonds** *in the ear.* The heart of a boiled onion, warm, applied within the ear, is an old remedy and a good sedative. It often relieves pain when every thing else fails.

Hepar Sulphur. To be given internally if there is tendency to suppuration or ulceration, and apply an emollient warm poultice externally.

Silicea or **Sulphur (30th).** For scrofulous children, who have chronic running at the ears.

Swelling of glands around the neck.

Mercurius. Also for ulceration and enlargement of tonsils.

Dropsy of the body.

Apis, and, if not relieved in two or three days, **Helleborus.**

Water on the brain.

Helleborus and **Bryonia,** alternately every hour.

For convulsions, see paragraph on "Convulsions of Infants."

Rheumatism, viz., *pain in the wrists, ankles,* or *joints of any parts.*

Byronia first, then **Rhus,** then **Colchicum.**

TREATMENT OF MEASLES.

Aconite and **Pulsatilla** are the principal remedies in this disease; *Aconite* during the inflammatory stage, *Pulsatilla* in almost all stages.

Belladonna should be given if there are prominent head symptoms, — *violent headache, congestion of the eyes, sore throat, twitchings, convulsions.*

Bryonia. *Short, dry cough;* spasmodic cough; difficult, short, anxious respiration; *stitches in the chest;* rheumatic pains in the limbs. *Bryonia* will alleviate the inflammatory symptoms, and bring out the eruption.

Coffea or **Hyoscyamus** may be given for restlessness at night.

For pneumonic and bronchial symptoms, see "Pneumonia" and "Bronchitis."

In the typhoid state of *malignant measles,* the treatment is the same as in the "Malignant Scarlet-Fever," which see.

For the treatment of the sequelæ of measles, as *chronic catarrh, whooping-cough,* &c., see those diseases under their respective heads.

Dr. Franz Hartmann, treating of the sequelæ of measles, says, "The treatment of the sequelæ depends upon their locality, form, and character. Some of them occur so regularly, that I feel disposed to devote a few lines to them. One of the most common consequences of measles is a *catarrh*, which has scarcely any of the measle character left. The cough which characterizes this catarrh is particularly troublesome: it is excited by every change in the weather, and is accompanied by a renewed roughness in the throat, and hoarseness. If it is a common cough, not distinguished by any characteristic symptoms, I have found one or two doses of **Silicea (30th)** sufficient to arrest it. If it is a spasmodic cough, of the nature of whooping-cough, and the roughness and hoarseness were present, **Drosera, Ipecac, Cina, Hyoscyamus, Cuprum met.**, are the best remedies. For a *rough* and *dry* cough, **Arnica, Chamomilla, Ignatia, Nux Vom.**, do the most good."

SMALL-POX. — VARIOLOID. — CHICKEN-POX.

The fears that overtake people at the appearance of these eruptions require that the characteristics of each should be brought before the reader in such a distinct manner as would leave no doubt in the mind of the mother or the attendants in regard to the exact nature of the eruption.

SMALL-POX.

Symptoms. Within two to fourteen days before the eruption appears, is often noticed a general *malaise* of the patient, — crossness, depression of spirits, frequent chills, restlessness, sleeplessness, want of appetite, vertigo. This stage is followed by the actual *invasion*, recognized by the following symptoms: chilliness, alternating with heat; thirst; want of appetite; colicky pains; diarrhœa; head-

ache, &c. Fever ushers in, accompanied by gastric derangements: the tongue is coated; the mouth tastes bad; and nausea, vomiting, frontal headache, may be present; the urine becomes dark; and constipation follows. Stiffness and *violent pains attack the back and lumbar region.* All these symptoms increase in violence in the evening; and *the back feels as if it would break.* Somnolence overpowers the patient. Children start and cry during sleep; grate their teeth, and have convulsive movements. Convulsions often precede the eruption. Often these symptoms become very violent, and are attended by hiccough, which seems to immediately precede the eruption, running at the nose, sneezing, hoarseness, cough, stitching in the chest, shortness of breath, difficult urination. This stage is often marked by great sinking of strength, paleness, and fainting. The skin now emanates a smell of *musty bread.*

This stage lasts from two to three days.

The symptoms now grow in intensity every succeeding evening, until the third; when the eruption shows itself.

Appearance of the eruption. It is an elevation of the skin, as if lifted at different points with the head of a pin. These elevations look like blind pimples. They are hard, inflamed pimples, which appear first on the face, then on the neck, chest, back, and upper extremities.

Course of the eruption. Each pimple, on the second day of its appearance, becomes flat, and somewhat transparent from the fluid it contains. It grows from the size of a pin's head to the size of a small pea; and on the third day, it acquires a *pit in the centre,* and a bright red circumference. On the *third* day, the fluid in the vesicle assumes a milky, white, yellowish appearance. On the *sixth day,* the pock is fully formed, and begins to suppurate. It increases in size, takes a globular shape, changes to a yellow color; first in the centre, afterwards at the circumference. The skin around becomes red and swollen, and

causes burning pain. On the eleventh and twelfth days, *dessication* commences. The pus changes to a crust, which, from a yellow, becomes of a brownish color. As it dries, the inflammation around disappears. The crusts adhere to the skin for four or five days, when they drop, leaving reddish-brown spots, or cicatrices or pits.

The *concomitant symptoms* change with the development of the eruption. The swelling of the face increases, so that, sometimes, the eyes are closed. The skin burns; and the patient complains of the most intolerable itching. The glands of the neck and arm-pits swell. On the *ninth* day, the suppuration sets in with repeated chills, burning heat of the skin, unquenchable thirst, frequent full pulse, headache, restlessness, and delirium. Towards morning, the fever remits, and sweat breaks out with a strong odor: the urine becomes turbid, with a thick, slimy sediment.

In *confluent small-pox*, the above symptoms are greatly intensified. The face is *thickly studded* with the eruptive pox; the skin is very much inflamed and swollen; and the fever is intense; the inflammation spreads to the interior; the eruption invades even the throat, and the prostration is so great as to put life in imminent danger.

I shall not go into the various phases of this severe disease, for a skilful physician should be in attendance.

Complications. Laryngitis and bronchitis and pleurisy often accompany small-pox. *Any complication is to be regarded as dangerous in the extreme.*

Sequelæ. Disease of the eyes, leading to blindness, ear-ache, deafness, and ozæna, often follow the small-pox. Other affections may follow, particularly ulceration of the bowels, according to the constitution of the patient.

During the precursory stage of this disease, the symptoms may be mistaken with an incursion of scarlatina or measles; but, with the former, the presence or absence of the *sore throat*, and the peculiar *strawberry-like tongue*,

should be the distinguishing marks; while, in the latter, the peculiar *catarrh-symptoms*, the *fluent coryza*, and *lachrymation* should also distinguish it from small-pox; which, if it has them, they would only be in a very moderate degree.

VARIOLOID

is only a modified form of small-pox. All the small-pox symptoms may be present, but in a mild form. It is more rapid in its course; it has a shorter precursory stage; and the eruption is *irregular and rapid*. The fever is milder, and does not give forth that unmistakable smell during the stage of maturation. There is very little swelling of the face: the pustules are farther apart, and scarcely ever leave any scar, unless they are dug out by scratching. It runs pretty much the same course as small-pox, except that it is shorter, and not so violent.

Sequelæ. Varioloid seldom leaves subsequent diseases although abscesses, furuncles, rheumatism of the joints, may follow it.

CHICKEN-POX (*Varicella*).

After one or two days of *malaise*, accompanied by fever, chills, gastric derangement, catarrhal symptoms, loss of appetite, nausea, or vomiting, the characteristic eruption appears. This eruption seems to have no predilection for localities: it may first appear on the chest, the hand, the body or limbs.

The *eruption*, which commences as minute pimples, soon spreads out into vesicles, which look like round blisters caused by the falling on the skin of drops of boiling water. In three or four days, they dry up without going to suppuration. While some dry, others come out, which is not the case with the small-pox.

We shall now consider the treatment of these diseases separately.

TREATMENT OF SMALL-POX AND VARIOLOID.

Sarracenia Purpurea (known under the names of "huntsman's-cap," "side-saddle-flower," "fly-trap," "pitcher-plant") has received such testimonials at the hand of physicians in the treatment of small-pox, that none should hesitate an instant in giving it whenever the characteristic symptoms or eruption make their appearance.

The writer must add to those favorable testimonials his own experience. During the small-pox epidemic in Washington in 1862, he took the opportunity of giving a fair test to the remedy in question; and he must acknowledge, that, in every case, the relief was very perceptible. In the majority of cases, as soon as the patient was put under the influence of that remedy, the pustules seemed to cease in their virulent inflammation and development, dry up and fall, without leaving the dreaded marks. He has used it *empirically;* but his success was not less true. He used the tincture, as prepared by homœopathic pharmacists, in the following manner: —

To an infant under two years of age, he would give *one drop* of the tincture to a teaspoonful of water, every hour, from the discovery of the characteristic eruption.

To a child from two to ten, *two drops;* to a person older, *four drops;* as above said.

In twelve hours, he would notice a very apparent abatement of the disease. The febrile symptoms would diminish; the urine would pass abundantly; the pustules would lose their angry look. As soon as the abatement became perceptible, he lengthened the interval between the doses to two, three, and four hours, until the scabs were formed and dry, and commenced dropping off; when he stopped it entirely.

The purely homœopathic treatment is the following: —

Aconite and **Belladonna** should be given, in alternation, every hour during the first stage, when the fever is high, the eyes red, the face swollen, the skin red.

Mercurius, in place of *Belladonna,* as soon as the eruption begins to suppurate, or invades the throat; also when *salivation* is one of the symptoms.

Stibium (*Tartar-emetic*) is a remedy much extolled in small-pox. Dr. Liedbeck of Stockholm prescribes *one-half grain of the crude drug* to a tumblerful of water, *one tablespoonful of the solution every four hours.* This should be prescribed as soon as the eruption develops, or invades the throat, and continued until the abatement of the disease. Like *Mercurius* and *Belladonna,* it may be alternated with *Aconite* during the feverish exacerbation.

There are other remedies that could be suggested according to the different complications; but the small-pox is a disease that does not warrant a non-professional to take entire charge of the case: hence it is better to suggest no further remedies.

The treatment of varioloid does not differ from that of small-pox.

Thuja is believed to be a prophylactic against small-pox or varioloid. A few pellets of *Thuja* should be taken morning and evening, by those who have been exposed to it. Vaccination should be sought, of course, during epidemics of small-pox.

DIET AND REGIMEN.

During the course of this disease, until dessication is fairly established, the diet should be rather cool than warm; the patient should have only light broths, sago, arrow-root, and ripe fruits. It is only when the patient becomes low,

and falls into a typhoid state, that he requires rich broths and very nourishing food.

The chamber of the patient should be cool, and freely ventilated. The bed-clothes and linen should be changed often. If pustules are on the scalp, the hair should be cut off. The surface of the body should be sponged several times a day with tepid water.

Cold cream, olive-oil, or glycerine, and lime-water, may be smeared with a camel's-hair-pencil over the itching surfaces: this will afford relief.

Cooling drinks, lemon-juice, tamarinds, raspberry-syrup, diluted in water, may be taken in moderate quantities to quench the thirst.

Many are the means suggested to prevent "pitting" by external applications. These should *not be used without the advice of a physician* experienced in such treatment.

TREATMENT OF THE SEQUELÆ.

If the patient, after a course of small-pox or varioloid, is afflicted with *chronic ophthalmia*, the following remedies should be tried: —

Hepar Sulphur. Pressure in the eyes; redness, inflammation, and swelling of the lids; obscuration of sight while reading; twinkling before the eyes.

Mercurius. Itching in the eyes, inflammation, lachrymation, swelling, redness, *ulcerations*, dim-sightedness, *scurfs around the lids, suppuration* and *agglutination* of the lids

Euphrasia. Eyes are blood-shot; the lids are *inflamed and ulcerate; the light is unbearable.* The eyes are very painful, particularly during *wet weather.* Stitches are felt in the ball of the eyes. Matter exudes *during the night.*

For *boils* in any part of the body, **Kali Hydriodicum** for ten days, followed by **Sulphur (30th).**

For *convulsions*, see treatment of "Convulsions of Children."

For *caries of the bones.* **Silicea (30th).**

For further treatment of these *sequelæ*, apply to your physician.

TREATMENT OF CHICKEN-POX.

Seldom does this disease require any medical treatment. If the fever is high, however, **Aconite** may be given. If there is much excitement, the child is restless, his head is hot, **Belladonna** should be given.

Coffea, at night, will quiet the nervous system, and induce sleep.

Pulsatilla, *six globules every night*, is given as a prophylactic or preventive after exposure to the disease.

RUBEOLÆ. — ROSEOLÆ.

During the epidemic prevalence of an eruptive disease, many mild and light eruptions, simulating the prevalent ones, are apt to occur. The treatment of these eruptions can be selected from the remedies for scarlet-fever, measles, or varioloid, according to their resemblance to either of those diseases.

INFANTILE REMITTENT FEVER.

This fever is a species of *typhoid* fever. It rarely occurs in infants. It abates, but does not discontinue. Every abatement, which may last for hours, is succeeded by a rise of fever. A skilful physician should be in attendance.

INTERMITTENT FEVER.

This fever often occurs in children of the most tender age, nay, babies have been born with the intermittent fever, from mothers who had the fever during pregnancy. Children residing in malarious districts, where the fever and ague prevails, are liable to it like grown persons.

SYMPTOMS.

The child may not shake like a grown person; but, if notice is taken, it will be found, that, at a certain time of the day, the child becomes listless; it does not want to nurse; it is very restless, or else falls into a torpid sleep. *His feet and hands become cold; his face pale and bluish.* In an hour or two, he becomes very feverish; hands, feet, and head become hot; the child sleeps as if in a stupor. In three or four hours, a moisture is noticed on his body; the fever abates, and gradually leaves it *entirely.* From the moment the fever has left it, it wants to nurse, becomes playful, and *appears well.* In twenty-four or forty-eight hours, however, the above symptoms *re-appear* and follow the same course.

TREATMENT.

During the intermission, give the child *half a grain of* **Sweet Quinine** *every three hours.* As soon as the child misses the fever, continue the *Quinine* for several days, giving only one powder one or two hours before the usual hour that the chill would set in.

With this treatment, I have never failed to arrest the intermittent fever in an infant within three or four days.

Every remedy in the homœopathic Materia Medica is good in some phases of intermittent fever; for this fever is accompanied by so many different symptoms, that no one remedy, or set of remedies, could cover them. And, as it

would be absolutely impossible to discover those symptoms in an infant that cannot express them, I have adopted the *empirical* system in the case, and with success.

If any complications arise, however, and the fever is not arrested in five or six days, under the above treatment, a physician should be called to attend.

AFFECTIONS OF THE EAR.

Inflammation of the ear ("Otitis") may be caused by exposure to damp or cold, and also by a sudden suppression of an eruption.

The symptoms are: violent burning, stitching pain deep in the ears; swelling and redness of the ear; fever.

Ear-ache ("Otalgia") resembles inflammation of the ear; but the fever, the redness, and swelling are absent. This is more like neuralgia, and comes from a cold taken, or from sympathy, during the eruptions of the teeth. The excitement of the pulse is owing to the restlessness and the violent beating pain within the ear.

Running of the ears ("Otorrhœa"). This is generally a *sequelæ* of inflammation of the ear. After a severe form of inflammation and acute pain, the ear begins to run thick yellow pus, causing great relief to the patient: this running often continues even after the inflammation has entirely subsided. Running of the ears is not rare after measles or scarlet-fever.

The crying of children in ear-ache is spasmodic and intermittent (see "Indications of Cries").

TREATMENT.

Aconite and **Belladonna**, alternately, every hour or two, when the ear is red, painful to touch, and swollen. There

is fever, intense pain, headache, shooting pains around the ear. The inflammation follows *scarlet-fever.*

Pulsatilla often relieves quicker than *Belladonna* for the same symptoms. The pains are darting and tearing, the child screams with pain, the inflammation follows the *measles.*

Mercurius. The child is *worse in a warm bed, complains of chilliness;* a tooth is in process of eruption; the pain extends to the teeth. The inflammation follows *small-pox varioloid,* or *chicken-pox.*

For *chronic running of the ears:* —

Purulent matter: **Mercurius, Hepar sulph., Calcarea.**

Bloody matter: **Mercurius, Lachesis.**

Mucous liquid: **Mercurius, Sulphur, Calcarea.**

Very offensive matter: **Mercurius, Hepar Sulphur, Calcarea, Silicea.**

REGIMEN.

When the pain is violent, a warm poultice of hops will be very grateful to the ear.

The violent neuralgic pain I have often relieved by pouring a drop or two of the *oil of sweet almonds* within the ear. The *heart of a roasted onion,* reduced to the size that can enter the ear, has often given relief when every thing else failed. *Oil and laudanum,* equal parts, will also relieve the acuteness of the pain; a little raw cotton, soaked in *two drops only,* should be introduced within the ear.

The warm poultice should be continued as long as the pain lasts; for, besides relieving acute neuralgia, it will hasten the formation of matter in inflammation, which will soon break forth, and relieve the patient entirely.

DISEASES

OF THE RESPIRATORY ORGANS.

The mucous membrane of the respiratory organs is excessively susceptible, not only in children, but in persons of all ages. It becomes easily disturbed from trifling causes, direct and indirect. Change of atmosphere, a little exposure to dampness, to heat or cold, the eruption of a tooth, irritation of the stomach, or intestinal worms, are often enough to induce an aggravated case of cough, bronchitis, and pneumonia in a child. The younger the child, the more susceptible the mucous membrane, and the more dangerous its inflammation. For the want of power and knowledge to expel the mucus that accumulates in the air-tubes, the child is often exposed to suffocation.

BRONCHITIS AND PNEUMONIA (*Broncho-Pneumonia*).

To understand these diseases, imagine the lungs to be a sponge; the narrow channels through it, bronchial-tubes; and the holes around and between those spongy fibrous channels, air-cells. Those channels and holes are lined, as it were, by a mucous membrane; which, when it becomes irritated, exudes a quantity of fluid or mucus, filling up the holes and channels. As the channels are there to allow the atmospheric air to get to the air-cells, it is easily comprehended that the mucus will greatly interfere with and even totally prevent the entrance and exit of the air, so necessary to the purification of the blood in the lungs. When the air is totally prevented from entering, the patient is choked to death; and, in proportion as it prevents the air from entering, the danger to life increases or dimin-

ishes. The drawing-in of the air, which is done by the inherent power of expansion of the lungs, is called "*in*spiration:" the expulsion of the air, which is done by the inherent power of the lungs to contract, is called "*ex*piration."

The necessity for the constant change of the air in the lungs is induced by the fact that pure atmospheric air is needed there to decarbonize or oxygenate the blood. The pure air gives up its oxygen, the very essence of life, to the blood, and receives in its place carbonic acid, the most destructive poison. In this manner, the blood becomes arterialized or oxygenated; and the carbonic acid which is formed in this process of oxidation is thrown off by the expiration of the lungs. Thus the equilibrium is maintained. The moment this process is stopped, death must ensue from the poisonous effect of an overdose of carbonic acid retained in the blood. There are other chemical processes going on between the constituents of the air and those of the blood; but the one described is the most important to life.

The inflammation of the lining membrane of those channels or bronchial tubes, holes or air-cells, is called "*Bronchitis.*"

Recurring to the sponge (in a figurative sense), it may be observed that there is a substance around those tubes and cells, which goes to form the mass of the sponge: so it is in the lungs. The tissue proper composing the mass of the lung is called "Parenchyma." When this tissue takes up inflammation, it induces a disease called "Pneumonia."

An inflammation of any part of the tissue may be followed by a disorganization or suppuration of that part, which, if not arrested or circumscribed, may cause immediate death or remote consumption. When a part of the lung thus inflamed progresses towards suppuration or solidification, the air-tubes and cells contained in it become

stopped and useless in the process of the oxygenation of the blood; and the whole system must suffer in consequence of that loss.

Whenever both the parenchyma, and the air-tubes and the cells, are diseased at the same time, it is called "Broncho-pneumonia."

Having thus a crude outline of the locality of those diseases, and the complex nature of their anatomical relation, one can readily understand the danger following such inflammations in children of a tender age, and, in fact, in people of all ages.

BRONCHITIS,

AND ITS DISTINCTIVE SYMPTOMS.

Bronchitis commences with the common catarrhal symptoms, — a common cold; chilliness followed by fever; hoarseness; respiration difficult, quick, and oppressed; severe, frequent, and distressing cough, at first dry, then very loose. Mucus accumulates rapidly in the wind-pipe and the bronchial tubes, which causes a very audible *rattle* at every inspiration and expiration; the child draws up its shoulders and dilates its nostrils at every inspiration; expectoration sometimes temporarily relieves, and occasionally the mucus is expelled from the air-passages by vomiting; the countenance is *pale* and *anxious*, and somewhat livid. These symptoms are interrupted and relieved by occasional *remissions*, during which the child generally appears drowsy Probably the child sleeps from fatigue during these intermissions. However, if the disease is not checked, the symptoms return in a more aggravated form; the difficulty of breathing becomes excessive; and the accumulation of mucus so great as to threaten it with immediate suffocation.

The child's appetite is impaired, and he appears very thirsty. The tongue is coated white. Children at the

breast nurse with great difficulty, on account of the want of breath: they seem to be eager to seize the nipple, but they soon drop it, and commence crying, throwing back their head.

All the symptoms grow worse at night.

This disease may be mistaken for *croup*.

Putting the ear to the breast, a great *rattling is heard all over, or only on the side affected.*

PNEUMONIA,

AND ITS DISTINCTIVE SYMPTOMS.

Pneumonia is seldom a primitive affection in children: it more generally supervenes after an eruptive fever, — *measles* particularly, or whooping-cough. Its symptoms are almost the same as in bronchitis, with the exception that the cough is generally *dryer, shorter,* and *more hurried:* it is also more *continuous* and painful. Every inspiration, talking or crying, makes the child cough. In bronchitis, the cough is more paroxysmal. The pulse may not be very quick, but is very *full.* The face, instead of being pale and livid, as in bronchitis, is *red* and *flushed,* and the eyes *congested* and shiny. The skin is very *hot.* As the inflammation runs higher, however, the pulse may become very quick, hard, and wiry. *The tongue is parched, and of a dark red.* The child is restless. It awakes suddenly from sleep, and seems frightened. The bowels are usually constipated; and children at the breast vomit. The child breathes with *open mouth,* which becomes *dry* in consequence.

In putting the ear to the breast during the first stage, a *crepitous* sound is heard, not unlike the crackling of salt put in the fire, or horse-hairs rubbed between the fingers. The mucous rattle, found in bronchitis, is *absent;* or, if heard, it will be in a very moderate degree.

As the inflammation gains ground, the substance of the lung becomes altered in structure, and it is now said to have entered the second stage, or stage of *hepatization;* viz., filling up of the air-cells, and solidifying of the part. Percussion, which is done by placing one hand flat on the chest, and striking it with the points of the fingers of the other hand, yields a *dull* sound where the lung is thus affected, and a *hollow* sound where not.

If the disease be not checked at that stage, it runs to the third, or *suppurative stage* of the disorder. Percussion will yield a sound *more dull.* A *gurgling* sound may be heard over the part affected, showing that matter has formed, and that the air passes through it. The symptoms become alarming at this stage. The face becomes patched with red, and is sometimes livid; the pulse weak and irregular the hands and feet become cold at times; a cold sweat may cover the forehead; the strength sinks rapidly.

Children under three years of age expectorate seldom; and this mode of relief, so important in cases of adults, is unavailable, and the matter thus ordinarily cast forth is unnoticed.

TREATMENT OF BRONCHITIS, PNEUMONIA, AND BRONCHO-PNEUMONIA.

The two first-named diseases, so well marked and distinct in adults, are not always easily recognized when they occur in children; because, very often, they are both present at the same time: indeed, we may say that they are seldom found separately in infants under two years of age, developing what is called "broncho-pneumonia." Fortunately, this diagnostic difficulty does not affect the treatment; for homœopathic physicians treat the symptoms as they are found, with great success, even if the true pathological condition remains undiscovered.

Aconite. *Fever;* dry, burning heat, with thirst; shivering from time to time; pulse hard and frequent; agitation and starting during sleep; short breathing; painful stitches in the chest.

Belladonna. *Constant desire to sleep;* starting from sleep as if frightened; the *head is hot;* strong pulsations of the arteries of the head; respiration short, anxious, and rapid.

Bryonia. *Dry cough,* painful cough, sighing respiration, crying after a paroxysm of dry cough. *Motion aggravates the cough.* Constipation, *hoarseness.*

Tartar-Emetic. Severe *paroxysms* of coughing, *rattling* in the chest, *wheezing,* shortness of breath, *oppression at the chest,* great anxiety and agitation, *thirst,* the *bronchia. tubes are full of mucus,* vomiting.

Hyoscyamus. At night: *great restlessness, coughs more at night than during the day, sleeplessness.*

Phosphorus. Particularly in the advanced stages of the disease: *dry cough; dull sound* on percussion; *gurgling sound* in auscultation, or listening examination. This remedy, however, is useful in almost every stage of pneumonia. Increase of the short, dry, hacking cough, especially in the evening. The child cries when it has to cough: the paroxysms are painful.

Sulphur may be preferred to *Phosphorus* or *Tartar-emetic* when the child gives signs of a *scrofulous constitution,* or comes from parents who are scrofulous.

Ipecac. *Loose cough.* but unattended with the severe symptoms of *Tartar-emetic.*

Mercurius should be given when the tongue is *coated yel-*

low, the stools are a *light color*, the urine is *dark*, and the *skin sallow.*

These diseases are sufficiently formidable to require the attendance of a physician.

For their treatment, the author prefers the low dilutions, although accomplished high-dilutionists meet with great success.

As long as the fever is present, the *Aconite* should not be discontinued, but *alternated* with another remedy well indicated by the symptoms. The medicines should be given at the short intervals of an hour or two, until the acute symptoms have abated; when the intervals should be prolonged in proportion to the abatement.

When a remedy is well chosen, it should not be too readily given up for another, unless the symptoms have changed.

The child should be nursed or fed frequently, *but little at a time.* It should be kept in a room of *even temperature.*

A flannel immersed in hot alcohol may be put on the chest if it gives positive sign of *local pain.*

Care should be taken, in washing it, not to give additional cold. It should be washed with warm water.

SIMPLE SORE THROAT. — ULCERATED SORE THROAT. ENLARGEMENT OF THE TONSILS.

Children, like adults, are liable to a simple sore throat, as well as to ulcerated and enlarged tonsils.

The common sore throat is ushered in with a cold, sometimes with chilliness and fever; the back part of the throat, the palate and tonsils, becomes red and swollen.

These symptoms may pass off in twenty-four hours, or may go on to a higher degree of inflammation; when an

abscess may be formed in the tonsils, causing great pain, difficulty of breathing and swallowing. The abscess bursts, if not lanced, and the symptoms abate.

The *ulcerated* sore throat, or "quinsy," is more dangerous, and its symptoms more severe. High fever, painful deglutition, and difficulty of breathing; the tonsils are covered by small whitish elevations, which break, and assume an ulcerated appearance.

When scarlet-fever is about as an epidemic, this sore throat occurs in a virulent form among children.

It commences with coldness of the surface, followed by intense fever; the breathing is oppressed; the voice has a choked sound, and the child is often nauseated; the eyes are congested; the cheeks are deep red; the nose is inflamed, and discharges an acrid fluid that excoriates the upper lip; the pulse is rapid and weak; the child is very restless; the breath becomes offensive, and the lips and tongue show, also, ulcerations; the glands around the neck become enlarged; and the disease assumes a dangerous type.

On the other hand, all these symptoms may be present, but in a mild form.

If the disease is not properly treated, the tonsils remain enlarged after the acute attack is passed, and the trouble assumes the character of "chronic enlargement of the tonsils," which has induced many heroes of the old school to cut them off, without doing a particle of good to their patients.

TREATMENT.

In all these cases of sore throat, the first thing to be done is to place around the neck a bandage wet in *cold water, well covered* with a piece of flannel to prevent quick evaporation. Every two hours, the bandage should be removed, dipped in cold water, and re-applied. In the commencement

of the attack, the feet should be immersed in warm water for five minutes, and then *well dried.*

If the child cannot or will not swallow, on account of the pain in deglutition, the remedies should be administered in pellets or powders, and allowed to remain within the mouth, where they will dissolve and be absorbed.

Aconite and **Belladonna,** alternately, every hour or two, should be taken at the very onset of the disease, when the following symptoms are present: fever or feverishness; dryness in the mouth and throat; *thirst, with fear to drink; deep redness* of the tonsils and palate; red, swollen face; eyes congested; fear of the light; *pain in the ear.*

Mercurius. Sore throat caused by a cold; great pain in the throat; *enlargement and ulceration of the tonsils,* also of the lips and tongue; great difficulty in swallowing; elongation and dropsical swelling of the soft palate.

Kali Bichromicum (*Bichromate of Potash*), 1st trituration. *Two grains dissolved in fifteen teaspoonfuls of water:* one teaspoonful should be given, alternately with *Mercurius,* when the tonsils are not only ulcerated, but show a disposition to form *patches of membrane* over them.

Baryta Carbonica (12th trituration) is another excellent remedy, and particularly in that very red sore throat *during the prevalence of scarlet-fever.* It may be given in alternation with *Aconite* if fever is present.

There are many other excellent remedies for the treatment of throat-diseases; but, as this volume is intended more to prevent the development of severe diseases than to treat them, the author would prefer not to confuse the non-professional attendant with too many remedies.

The above treatment will suffice for the majority of cases;

but, when it does not, no time should be lost in consulting with a physician.

DIET AND REGIMEN.

The food should be very light, and in liquid form. The swallowing of small bits of ice will be grateful to the patient, and useful in allaying the local inflammation.

If the child is constipated, an enema of luke-warm water should be given.

CROUP.

Croup, commonly so called, appears in two distinct forms, one of which is connected with little or no danger to life, while the other is intensely perilous.

Marcy and Hunt, in their theory and practice, give such a clear account of the two forms, that I shall transmit it here almost verbatim.

1. False, or Non-membranous, or Spasmodic Croup. This croup usually makes its appearance suddenly, with considerable difficulty of breathing, noisy and wheezing inspirations, a short, *dry, hoarse cough*, occurring but rarely, and an *entire absence of febrile symptoms.*

Catarrhal croup also commences suddenly, with "a croupy cough," hoarse voice, shrill, wheezing, and sonorous inspirations, oppression and tightness of the chest, and sudden attacks of dyspnœa; but, in a few days, the croupy character will wear off of itself, leaving simple catarrhal symptoms. — *Watson.*

This catarrhal croup is, however, preceded by catarrhal symptoms, such as sneezing, running at the nose and eyes.

"An important peculiarity of all the varieties of false croup consists in the *suddenness* of their attacks. Children may retire to their beds in the most perfect health,

and yet, in an hour or two, be disturbed from a sound sleep with an apparently alarming attack of croup. It is important, however, that all should be aware that these seemingly dangerous cases are much less to be dreaded than those which make their appearance in a more slow and insidious manner, as will be seen by the description of *true croup*, below: —

"In the varieties above described, although there may be difficult, labored, anxious, and wheezing respiration, hoarse, harsh, and croupy cough; hoarse voice; and the patient may seem to be in imminent danger of suffocation; yet the fact that it has occurred *suddenly*, and that the cough bears no resemblance to the dreadful *metallic* cough of *real* croup, will afford sure indication of its nature, and one to become assured that the attack will be speedily subdued."

2. True, or Membranous Croup, is usually ushered in with the ordinary symptoms of catarrh: as chilliness, sneezing, some soreness of the throat, hot skin, thirst, slightly accelerated pulse, hoarse voice, and some little impediment to respiration. At this period, a whistling or "buzzing sound may be heard at the glottis [the narrow opening at the base of the tongue, the entrance to the wind-pipe], by placing the ear upon the back of the neck or over the larynx." — *Ware.*

As the disease advances, the febrile symptoms increase; the respiration gradually becomes more labored and difficult; the inspirations, particularly after coughing, being slow, sawing, sonorous, or ringing; while the expirations are quick, the cough is dry, and gives forth a *metallic sound;* the voice becomes more shrill; the pulse is frequent and small; the expression of countenance swollen and anxious; the head is thrown back; the extremities are cold, while the rest of the body maintains its exalted tempera-

ture; there is often a profuse perspiration, until finally the respiration is so much impeded that the blood is but slightly oxygenated. The cheeks and lips become livid, the eyes red and sunken, the pulse extremely small and frequent, the whole organism prostrated; and the child expires in a state of asphyxia, or suffocation."

"**Causes.** A cold and damp atmosphere, wet feet, and exposure to the air which blows from seas or lakes." The patient is perhaps predisposed to it, as it is often seen that a child becomes croupy on very slight provocations. Croup may also follow eruptive fevers, as scarlatina, measles, &c.

TREATMENT.

In *false*, or *spasmodic* croup, the writer has found that **Hepar Sulph., 3d,** alternated with **Ipecac** (*one drop dose of the tincture in a teaspoonful of water*) *every ten or fifteen minutes*, would almost invariably change the hard, dry, hoarse, grating sound of the cough, into a moist, loose, easy cough, that would show a decided abatement of the alarming symptoms within an hour. The paroxysms would return further apart, and the child would sleep without moaning, or oppression of the chest. Wake the child to give the dose at the regular intervals, until the symptoms have greatly ameliorated, when it should be allowed to sleep half an hour: at which time cause it to cough, to be sure that the improvement continues; then let it go to sleep under the watchful care of the mother, who is to give a dose of one or the other, in its turn, after every spell of coughing.

Should the paroxysm be so intense as to threaten suffocation, I have often caused the child to take two or three teaspoonfuls of *melted lard, unsalted*, which it would soon throw up. The vomiting would cause such a relaxation of the system as would prevent a return of the spasm.

Aconite is important when any *feverishness* is present, and seems also useful in arresting the cough which follows after the *expiration* of air.

Spongia should be alternated with *aconite* in catarrhal cough, having the following symptoms: hollow cough, with *expectoration* and pain in the chest. *Spongia*, unlike *Aconite*, seems to cause the cough during *inspiration*.

Bromine is probably the most important remedy in the treatment of membranous croup. The membrane is formed; the child breathes with great difficulty, and a sibillant noise is heard at every inspiration. Its head is thrown back, it looks anxious, and grasps, with its little hands, at the throat, to relieve the oppression. *The child gasps for air.*

The writer has saved several children threatened with imminent death by suffocation, with *Bromine, first dilution; five drops in fifteen teaspoonfuls of water*, and one teaspoonful (alternately with *Aconite*, when fever was present) *every thirty minutes or one hour*, until an absolute improvement became evident, when the intervals were prolonged.

Bi-Chromate of Potash. *One grain of the 1st trituration*, dissolved in *ten teaspoonfuls of water*, has been also given with success, when the child now and then vomits pieces of membrane, and when the *Bromine* does not improve the case in *twelve hours*.

Tartar-emetic is useful, not only in the early stages of croup, but it is indicated, also, when there are indicative signs of paralysis. The face is livid and cold; cold *sweat on the forehead and body;* respiration exceedingly difficult, short, hoarse, shrill, and whistling; head thrown back; pulse

small and rapid; difficulty of swallowing; disposition to sleep.

A dose of the 1*st trituration* to be given *every twenty or thirty minutes*, until relief is obtained: — *Marcy and Hunt.*

REGIMEN AND DIET.

A fine handkerchief wet in cold water should be immediately put *all around the neck*, and *covered* with flannel to prevent evaporation. It should be *renewed every hour.*

The room should be kept of an even temperature, rather warm, or about seventy-five degrees.

A warm foot-bath may be useful.

The nourishment should be of the mildest if the child is not at the breast; arrow-root, farina, milk and water. Water may be given freely if the child is thirsty.

I need hardly say, that membranous croup requires the attendance of the best physician attainable.

DIPHTHERIA.

Diphtheria is a disease of so complicated a nature, so dangerous to life, that the author might be excused from attempting to give it a place in a work which is intended for persons who are not expected to be learned in the science of medicine. Yet its invasion is often so sudden, and its danger so imminent, that he considers a brief outline important, inasmuch as it will awaken the careful suspicion of parents, and induce them to seek the immediate attendance of a skilful physician.

A child, a person of any age in fact, is attacked by a severe cold, with fever and sore throat. The illness progresses rapidly, and is marked by a *prostration out of proportion to the length of time that the patient has been sick.* In mild cases, the throat is simply red and swollen,

like quinsy or scarlet-fever, or ulcerated, like the old fashioned ulcerated sore-throat. These cases get well rapidly, and one is apt to think that he can easily cure diphtheria.

The real characteristic of diphtheria, however, is a *false membrane* that covers the tonsils and the soft palate; this *membrane forms quickly, in patches,* which rapidly *spread* and *coalesce,* thus covering, in a short time, the whole throat, and extending even down the larynx.

The patient then finds difficulty in breathing, and is almost totally devoid of the power of swallowing.

Liquids are almost immediately returned through the nose, and solids cannot even be attempted.

The glands of the neck become sympathetically enlarged, and stiffness of the neck supervenes. The pulse is quick and small.

The membrane, at first almost transparent, soon *becomes opaque and thick,* and *assumes a yellowish color resembling the color of leather.* At this stage it begins to detach, and large pieces are thrown off, leaving underneath an inflamed surface, which soon becomes re-covered by the formation of a *second* membrane. The second membrane adheres more firmly than the first, and any attempt to remove it causes bleeding.

In some cases, the patient is taken from the commencement with vomiting of a thin, yellowish matter, extremely offensive; purging may follow. These ejections cause a great depression of the vital powers, almost like cholera.

In this state of prostration, the patient falls into a stupor, from which he wakes only to go into a delirium; the pulse ranging from 100 to 120 in adults, from 140 to 160 in young children.

The fetid breath is a constant symptom of an alarming case.

The sudden prostration, the characteristic membrane, and

the peculiar odor of the breath, will distinguish diphtheria from a common sore-throat, from scarlet-fever, from quinsy, and from the so-called ulcerated sore-throat.

Again, the general prevalence of the disease should be taken as *primâ facie* evidence of its presence in any special case.

TREATMENT.

Kali-Bichromicum and **Mercurius Protiodide** have been found the most successful remedies in the treatment of diphtheria.

Kali-bichr. of the 1st decimal trituration, two grains, dissolved in sixteen teaspoonfuls of water, one teaspoonful to be given. One hour or two after, *one grain of Mercurius prot., of the 1st decimal trituration,* should be given, *dry,* upon the tongue. These two remedies should be continued in alternation for at least twelve hours. As the disease abates, the interval between the remedies should be lengthened.

In adults a gargle of *Kali-Bichr., 1st trituration, four grains to a tumblerful of water,* is made, which may be used to gargle the throat three or four times a day, without discontinuing the use of *Kali* internally.

Prof. Herring of Philadelphia states his experience as follows: "I first give **Belladonna,** then probably **Bryonia,** or **Antimonium Crudum,** if the case is of an epidemic character. After *Belladonna,* I give **Lachesis,** if there is great sensibility to the touch on the throat." He uses those remedies at the 200th dilution and above, and has met with remarkable success.

While the author has more confidence in the low triturations of *Kali-Bichromicum* and *Mercurius Protiodide,* he would not prevail upon the reader to disregard the treatment and well-assured success of the learned professor.

DIET AND REGIMEN.

The experience of the majority of practitioners, as well as that of the author, recommends a diet that will sustain the vital forces. Rich broths, wine-whey, milk-punch, brandy and water, claret, should be administered in proportion to the failing strength of the patient.

In adults, the swallowing of pulverized ice is generally very beneficial.

The *nourishing diet* should be adopted *from the very beginning.*

The complications of diphtheria, and its many phases, forbid our going further into the treatment of this terrible disease, which requires the immediate attention of the physician.

Sequelæ. Paralysis is often a follower of diphtheria: it is slow in its march, but fatal in its effect.

Propagation of Diphtheria. This disease is eminently *infectious;* a whole family of children is often stricken down with the disease; one is hardly out of danger, when another is attacked.

As soon as diphtheria makes its appearance, all the children not infected should be taken away from the locality.

ASTHMA OF CHILDREN. — SPASMS OF THE GLOTTIS. LARYNGISMUS STRIDULUS. — CROWING DISEASE.

Under these several names is known the alarming disease that throws a child from perfect health into the greatest struggle for life.

The child wakes at night with a shrill sound, like the inspiration of croup or whooping-cough. The attacks come on at longer or lesser intervals, and they are of a *spasmodic*

character. The child seems to be suffocating, and struggles to draw a breath, in the efforts of which he makes a sound that is styled "*crowing.*" The throat is temporarily closed by a spasm of the glottis; and the child gets blue in the face, stares with its eyes, throws its head backward, and often goes into a general convulsion, from which he comes out relieved of the spasm. A fit of coughing or crying often puts an end to the spasm, when the child looks frightened, but comfortable.

TREATMENT AND REGIMEN.

Immerse the child immediately in a warm bath, and keep a cloth steeped in warm water around the throat.

The distinguishing characteristics of these spasms from croup or whooping-cough are, that, during the paroxysm, the child's *fingers, thumbs, wrists, ankles,* and *toes contract.*

As soon as possible, give a drop of the tincture of **Ipecac** in warm water; continue the *Ipecac* every *fifteen or twenty minutes for an hour.* If not relieved, then give **Sambucus** in the same manner as *Ipecac.*

Keep the child quiet; give only gruels, if it is not at the breast.

WHOOPING-COUGH.

This cough is so common, that every child, in the course of his early youth, seems destined to become a temporary prey to it. It attacks but once during life, with rare exceptions; and those who escape in childhood are apt to become affected by it, if exposed, later in life.

Authors divide the course of this cough into three stages; *viz.,* —

First Stage. The child is attacked by a common cold: he sneezes; water runs out of his eyes and nose, and he com-

mences to cough a common cough. He may be feverish in the beginning; but the fever soon passes away. This stage may last from one to twelve and fifteen days. The child seems better, yet *the cough remains.*

Second Stage. At this juncture, the parents are startled by the well-known "*whoop,*" which the child produces in a fit of coughing. All doubts are removed now. From that moment, the child is taken with fits of coughing that almost strangle him. The child becomes acquainted with the sensation in the throat, that denotes the approach of the dreaded paroxysm: he instinctively runs to his nurse, grasps her arms, her dress, or a chair, or any thing that is near, that will give him support. During the paroxysm, in which he struggles to get air in his lungs, he makes the sound which is called the "whoop."

This sound perhaps remits, but is soon heard again; the child looks as if he were suffocating, turns black in the face, and often passes urine during the paroxysm. After a few seconds of these convulsive inspirations and expirations, the child vomits a copious expectoration, which is often mixed with the contents of the stomach. If the fit be violent, the fluid rushes not only out of his mouth, but his nose, and is sometimes mixed with blood. In very violent cases, blood bursts forth from the mouth, nostrils, eyes, and ears.

When the fit has subsided, the eyes, which seem to have started from their sockets during the paroxysm, become natural, and suffused with tears. In a few minutes, the child forgets his troubles, and becomes playful again. This stage reaches its acme in two or three weeks, when convalescence begins.

Third Stage. The stage of convalescence has set in. The paroxysms come further and further apart, and with less vio-

thus been relieved. The child should be taken to the gas-house during the hour when they remove the lime from the tanks, and allowed to breathe that peculiar gas.

Children with whooping-cough, unaccompanied by complications, should be sent out every day, to get fresh air and exercise.

Sulphur is recommended as a preventive, or as mitigator of whooping-cough, during an epidemic. *A few globules* may be given *twice a day* with that view.

INFLUENZA.

Common cold in the head is as common in children as in adults. The symptoms are, stoppage of the nose, running of mucus or acrid water from the nose; the eyes water, and are inflamed and painful; the chest is oppressed, and cough is present.

This cold is often ushered in by fever, pain in the head, in the chest, body, or limbs.

TREATMENT.

Arsenicum seems a specific in a cold where an *acrid, watery mucus* runs from the nose, the eyes water, and there is a severe frontal headache. *High dilution* better than low.

If *Arsenicum* does not relieve in twenty-four hours, **Camphor** should be given, and even smelt. *Five drops of Camphor to a tumbler half-full of water; one teaspoonful every hour*, until relieved.

Mercurius will be found useful when the discharge from the nose is *thick and puriform*, the eyes are red, the cough is loose, and diarrhœa is present.

Bryonia and **Aconite**, alternately, when the patient is *feverish*, has fits of coughing, and *pains about the chest.*

Belladonna and *Aconite*, alternately, when there is *fever, headache, fulness of the head*, throbbing arteries, congestion of the eyes, and *dry cough.*

Stibium (*Tartar-Emetic*), if the cold falls on the chest, causing great oppression, prostration, and a *loose cough.*
This may be alternated with **Phosphorus.**

COUGH

IN GENERAL.

Although cough is almost always symptomatic of other diseases, such as bronchitis, pneumonia, &c., yet it often occurs unconnected with any specific diseases, — a simple cough from a cold, or from sympathy, as from derangement of the stomach, teething, or from the presence of worms, &c. To relieve these coughs, I will give a few remedies with their specific symptoms. In selecting the remedy, care should be taken that its symptoms not only agree with those of the disease, but that it covers the largest number.

Aconite. Burning, *feverish* heat; full pulse; hoarse, rough voice; *short, dry cough*, with *constant incitement to cough; shootings in the chest* when coughing; also when the cough is convulsive, with scanty expectorations of whitish or blood-streaked mucus.

Belladonna. *Dry cough, with sore throat;* hot skin; fulness of the head; spasmodic cough; fatiguing, shaking cough, occurring at *night* or on going *to bed.*

Bryonia. After a fresh cold, dry cough excited by a tickling in the throat, *spasmodic, suffocating* cough, especially after midnight, or after eating or drinking, with vomiting of food; *shootings in the side;* pains in the chest or head; great tendency to perspire; hoarseness.

Nux Vomica. *Hoarse, dry, and hollow cough,* excited by dryness of the throat; *hoarseness* and pain in the throat, *especially in the morning; accumulation of tenacious mucus in the throat; splitting headache; pains in the right side; constipation; bad digestion;* pain in the stomach after eating; *flatulency.*

Pulsatilla. Hoarseness; loss of voice; discharge of yellowish-greenish matter from the nose; cough at first dry, then loose; shaking cough, which occurs chiefly in the evening, or at night in bed, *aggravated when lying down;* bad taste in the mouth. Particularly for persons of lymphatic temperament, blue eyes, blonde hair.

Ipecac. Especially in children in whom cough is accompanied by great *accumulation of mucus in the bronchia;* great rattling in the chest; *spasmodic, suffocating* cough· nausea and vomiting.

Lachesis. Catarrhal cough with *constant hoarseness;* a *sensation of mucus adhering to the throat,* which causes tickling; cough, especially at night *when sleeping, invariably after sleeping,* and *excited by the slightest pressure on the gullet;* aggravation of the cough after a meal, and also on rising erect from a horizontal posture; pains in the throat, eyes, ears, and head when coughing.

Phosphorus. Hoarseness, with cough; fever; dry cough; deep cough; oppression of the chest; symptoms of *pneumonia.*

Spongia. Croup; *hoarse, hollow, ringing, and squeaking* cough; *slow, noisy, wheezing respiration, which resembles the sound of a saw;* fits of choking, with inability to breathe.

Hepar Sulphur is preferable, when, under the action of *Spongia*, the cough has become more easy. *Cough loose;* mucus *rattling the chest;* cough of consumptives; chronic, loose cough.

Arsenicum. Loose cough, with difficult expectoration, and *tenacious mucus in the larynx and bronchia;* or else *dry*, shaking, and *fatiguing cough*, especially in the evening, after lying down; renewed after drinking cold water, and also when in the fresh air; great *lassitude* and *weakness;* hoarseness and *coryza, with discharge of corrosive mucus* from the nose.

Drosera. *Whooping-cough;* excessive hoarseness; *dry, spasmodic*, fatiguing, and shaking cough, which occurs chiefly at night; *retching, and vomiting of food from an attack of cough; bleeding from the nose and mouth* during the fit.

Hyoscyamus. *Cough at night, especially in a recumbent position;* the cough does not let one sleep; spasmodic cough; *sleeplessness from coughing.*

Sulphur. *Dry cough*, very fatiguing; *constant hacking cough; hectic fever; pain in the lungs; chronic cough*, excited by dampness and cold weather; *loose, purulent cough;* obstinate cough, particularly in scrofulous subjects addicted to eruptions of the skin.

Cina, especially in children apparently affected by *worms;*

cough dry; unceasing fits of coughing *before breakfast; cough better after eating.*

Tartar Emetic. Loose cough, with fever — *the effect of a recent cold settled on the lungs;* cough often, with pain and *oppression of the lungs; mucus rattles in the bronchial tubes; difficulty of breathing; congestion of the lungs;* vomiting; diarrhœa.

There are many other remedies useful in the treatment of coughs; but, if the reader cannot cure a cough with the above remedies, application should be made to a physician, instead of losing time in experiments.

For cough in specific diseases, see "Bronchitis," "Pneumonia," "Croup," "Whooping," "Asthma" of children, "Influenza," &c.

PART V.

MORAL AND PHYSICAL TRAINING OF THE YOUNG.

"Mens sana in corpore sano."

THE MIND AND THE BODY.

PHILOSOPHERS and physiologists have discussed at length the relation of the mind to the body. We shall not follow them in their subtle reasonings. We have evidence enough for our purpose, to admit, that the body and the mind grow apace, and decay almost in the same ratio; that affections of the body re-act upon the mind, and affections of the mind re-act upon the body. There are exceptions to this rule; but, as we speak of general training, the exceptions must be overlooked, and the general law of health carefully studied.

The brain, the seat of our intellectual faculties, is as material as a leg or an arm, and is subject to the same laws for its preservation and destruction. When the matter composing the brain becomes affected by morbific causes, the equilibrium of the mind becomes disturbed, and reason put at variance with the mental conceptions of right or wrong of people in a state of healthy organization. Hence, the old proverb, *Mens sana in corpore sano*, "A sound mind in a sound body."

The brain, having a physical organization, must depend on physical laws. The mind, however, which is the spiritual manifestation of the functions of the brain, depends upon physical laws only so far as it relates to matter, the brain. But the mind has properties of her own, which must depend upon moral forces for nutrition. *Intuition* and *reason* are the fundamental properties of our intellect.

The first is *innate*, and has an original power of its own; the second becomes efficient by being susceptible of a fine and high development by means of imitation and comparison. These properties of the mind vary in different individuals. The *innate* property, when possessed in a very high degree, will produce a genius, even in the midst of the most passive ignorance. Reason is moulded by the moral food it receives from its surroundings, and is therefore more susceptible of cultivation. For the former, we can only thank our great and wise Creator; for the latter, the old are responsible to the young, in the manner of leading them to a system of distinguishing right from wrong. It is to this point that I call the attention of parents. This moral training devolves upon them: they are responsible for it.

Talis pater, talis filius, "As is the father, so is the son," is another old maxim, based on observations which have been made from time immemorial. This may be taken as a truism, proving the inheritance of moral tendencies as of physical perfections or imperfections, and is an argument adopted by such parents as like to shift their responsibility. But while inherited physical lines cannot be changed by a separation of father from son, moral traits can; and this fact is often exhibited in those, who, having left their paternal roof before their mind was fully developed, have returned so changed as to seem strangers in the midst of their own family.

It is indisputable, therefore, that the mind, although a spiritual essence, is subject to growth, development, and training; in other words, to education.

We do not intend, by this, to deny that there are manifestations of the mind whose origin can be traced to the parent. We know too well, that the transmission of organic, moral and mental traits are possible: we too often recognize congenital tendencies to disease of body, and deterioration of mind. But this is the inevitable, concerning

which we have nothing to say now. We are treating of those qualities that take their course from education.

A husbandman may plant a tree perfect in symmetry and in health. When once that tree is planted, it becomes subject to the vicissitudes of climates, to the shock of storms and tempests. If it is allowed to grow without protection, its beautiful symmetry will soon be lost, its straight stock become crooked, its smooth surface knotty and rugged. So it is with children. A child born of healthy parents will be healthy in its physical and mental tendencies. But, as soon as born, it becomes exposed to impressions, which will affect its proper growth and development. It matters not how young the child is. As its body is liable to affections engendered by contact, infections, errors of diet, or atmospheric changes; so its mind is affected by conceptions induced by external impressions. Thus the child grows in this atmosphere of moral impressions. Its purity and integrity can only be maintained by surrounding it with purity and integrity. A careful parent, watchful of the manifestations of his child's mind, can timely repair many a shock that it has received from dangerous impressions, and correct many wrong natural tendencies.

Reason, which is distinguished from other faculties of the mind by its relating always to *knowledge*, is the power that conceives ideas of right and wrong, true and false, by comparison. Reason, therefore, is the generative power of thought, the judge of fitness of ideas, and, consequently, the motive power and regulator of our action.

When the process of reasoning is complete, it manifests itself in action. Action has immediate effect upon ourselves and our neighbor. The action will then affect our moral and physical welfare, and our neighbor in his rights and privileges.

Having thus, in a few words, examined the relation of the mind to the body, and suggested the progressive exten-

sion of its effects upon the rights of our fellow-men, let us consider the relation of its growth with that of other organs of the body, and its gradual development.

The term of life, although uninterrupted in its moral and physical growth and decay, has been divided into four stages: —

Infancy, Adolescence, Virility, Dementia.

This division is not a mere speculation of metaphysicians: it exists in Nature, although the lines of demarcation are not so bold or sudden as to be immediately appreciable to the eye or to the mind.

Infancy, or childhood, is a period almost totally vegetative: it is a period of the development of the organs before the mind is sufficiently developed to completely exercise its influence over them, — before they are fit for action. This period will embrace the twelve or fourteen first years of our life.

Adolescence is the progression of the former period. The term comes from the Latin *adolescere*, "to grow," "to become strong." It denotes that period of human life between the first signs of puberty, and the time when the body ceases to grow, and has acquired all its physical perfection. This period commences at eleven or twelve years of age with woman, and at fourteen and fifteen with man; ending with the former at twenty-one, with the latter at twenty-five, years of age, or thereabout.

The changes that the organism undergoes at this epoch of life are very remarkable in both sexes. In the *man*, the organs of generation, until then passive and stationary, begin to develop, and prepare themselves to fulfil those functions, so important to the human species, of reproduction. The capacity of the chest becomes greater; the voice becomes stronger, and more sonorous; the beard commences to grow; the muscles acquire shape and strength; the bones become

firmer; and the figure gains a decided height. All the organs become perfect. From this exuberance of life, which is not always exempt from casualties, — from this increase of energy in all the organs, — come those impetuous movements, those fiery passions, those generous impulses, which characterize the young man. Soon he dreams but of love, of devotion, of combats, of active exertion and successful efficiency; he desires glory; and, in his exuberance of life, he becomes the ardent lover, the intrepid warrior, the eager student, the generous friend.

In the *woman*, these physical and moral changes are not less remarkable. The organ of her especial function, the womb, which so far has given no sign of existence, comes out of its state of inertia; the menses appear, to return periodically every month; the breasts, whose functional existence is so intimately connected with the womb, commence to develop; every organ perfects itself in preparation for the process of conception. The body of the woman, however, retains a part of that infantile delicacy of texture, of that suppleness, of that grace of movement, which make such a contrast with the striking vigor, the activity, the impetuosity, that distinguish the same stage in man.

It is at this epoch, so fitly called the "flower of youth," that the two sexes feel that irresistible attraction to one another, that desire to approach each other, which, without doubt, is the source of the sweetest enjoyment, but which also often leads into acts that Nature reproves, in those excesses so fatal to the health of our youth.

Virility ("manhood") is the period that commences from *adolescence*, and ends with old age. In the age of manhood, the body has acquired all its proportions and all its strength. The life becomes more equal and uniform; the ideas, which have followed in the ratio of physical development, now become more profound and fixed; the movements of the body are consonant with the dignity of the mind. The time of

brilliant illusions has passed: imagination gives place to judgment, frivolity to circumspection, heat of passion to cold reasoning, vivacity to reflection, impulsive generosity to prudence and calculation and finally to ambition.

Dementia is the period when the body and mind decay. It is less distinct, as it varies in different people, according to the preservation of their health; and oftentimes we see an active mind in a decayed body. Yet it is a period that must come sooner or later to both mind and body.

Of these stages we will give our attention to the first two, as the latter two are beyond training or parental prerogative.

HYGIENE OF CHILDHOOD.

THE word "hygiene" is used here to express the system that should be followed in directing the children's mind, and to give them a healthy and robust constitution, without which, when they arrive at the age of manhood, they could not fulfil the duties which Nature has assigned to them among their fellow-men, in the society of whom they must revolve.

The most dangerous conception in the training of children is one that unfortunately prevails even among the educated classes; and that is, that the moral education can be absolutely isolated from the physical. These two conditions, the moral and the physical, are dependent upon, and in close relation to, each other. Man cannot possess a faculty that does not find its outward expression through an organ. How can it be expected, then, to attain the perfection of the former, without assisting in the development of the organ without which it could not practically exist? The educa-

tion of a child consists, therefore, in faithfully following the laws of Nature.

Education should be slow and progressive: it ought to be applied as each organ becomes developed. The idea of forcing children beyond their mental or physical capacity demonstrates the grossest ignorance of the laws of Nature; and the result of such process will be the reverse of what is intended to attain, — a dwarfish body, a puny mind.

A system of education which would develop a healthy state of mind and body should allow the organs time to form themselves before exercising them, and would from the first direct or regulate their action. It is necessary, therefore, to follow the order in which they become successively developed; which development may vary in different subjects. Consequently, the first object of the mother should be to *nourish* her child well; then to *regulate its impressions* from external bodies or things, and to favor the development of the faculty of each organ; lastly, she should give her *special care to the mind*, the faculties of which manifest themselves according to the development of the organs.

A child thus raised may not be an angelic seraph, which foolish women dream of. It will be a lively, turbulent, and probably somewhat opinionated child; but the excellence of its constitution, the equilibrium of the faculties so perfected, will denote a degree of vigor and health bespeaking a happy future for it. The development of its mind will be marked by the facility with which it will learn; its moral strength by its assurance and self-dependence, and by a certain dignified freedom of thought and action. It is not enough, therefore, that a mother should nurse her infant: she should attend to its development herself, instead of trusting it to mercenaries, whose minds are so narrow that they seem often to outrage common sense and reason. The parents should watch the child with solicitude, particularly at that period when many dangerous vices are prac-

tised; and, when the child is older, they should surround it with that wholesome example of probity and virtue which is the best lesson that can be given.

The parents should never forget that the child sees, hears, and learns, and that before it, at least, there should never be made exhibitions of ill-temper, anger, or violence. They *should refrain from vulgarity, and from habits that could not be tolerated in good society.* The fact that the father is master of his own house is no reason why he should contaminate his children with the worst passions of his nature or of his education. If he has not respect for himself, he should, at least, desire that his children might be respected by their fellow-men. It is during this tender age that impressions are received which a life-time is not sufficient to destroy.

From the conduct of the children, one can generally make an estimate of the moral qualities of the parents. If a child swears, I know either that its father is given to profanity, or that he does not love it sufficiently to shield it from associations where profanity, immorality, and ill manners abound.

People talk of children's perversity. As for myself, I do not believe in natural depravity. God is too merciful and too wise to create man depraved, that man may make himself upright and perfect. This would make man greater than God. The only instincts I can trace in human nature are common to all animals, those of *self-preservation* and *self-gratification.* The child of the desert knows no other law. He would pick from the earth, bring down from the air, any thing that this instinct would suggest as useful to himself. When men came together in multitudes and formed society, it became necessary to make such mutual agreements as would define their duties towards one another, for the preservation of order, in combined action. Society, as it grew in magnitude, improved these agreements, and progressively enacted still more stringent and binding

measures, that would secure the rights of one and the rights of all, until they reached that high degree of civilization that now governs the best part of the world. The negative, "Do not unto others what you would not have done unto yourself," has become the highest law of civilization, while its positive complement has become the ideal commandment of Christianity.

The taking of other people's property is called a theft; yet if an uncivilized being, one who grew in the solitude of the forest or the prairie, should suddenly be transported into our streets, and, at a moment when his appetite demanded food, should find himself before a baker's shop, with tempting loaves in his show-window, would you condemn him for theft if he rudely broke the glass, appropriated one of the loaves, and sat himself down to devour it with gusto?

Yet our children have to live in the society of their fellow men; and, in order to become worthy members of it, they should be made acquainted with the laws that have modified that crude intuition of self-preservation and self-gratification. But how? *By education.* The moral training of the parents is the loving and artistic hand that is to teach the discrimination of fine shades of right and wrong, the appreciation of that chiaro-scuro which will tone down the bold lines of their conceptions, that will make each feature, although distinct in itself, blend in perfect harmony with the others, so as to make the whole a thing to admire, a thing to love.

Let no parent delude himself, or attempt to screen his deficiency, by putting forth the false argument of the child's perversity, or natural depravity.

"Here in the family, at home, if anywhere, we are to look for that moral training which is to fit our youth for the active pursuits of life, and prepare them to meet its seductions and its duties. Here, if anywhere, they are to acquire the power of governing passion and resisting the impulses

of the lower appetites; of discerning the nicer shades of right and wrong; of sacrificing self to the call of benevolence or duty, and, amid trial and change, steadily keeping in view the great ends and purposes of life." — *Ray's Mental Hygiene.*

A study of the child's nature and temperament is necessary to understand its wants. A judicious, loving, and persuasive system will smooth many of the rude lines of his nature. Do not batter him down with imperiousness and coercion, as if he ought to know as much as yourself, but try to elevate him by instructing and developing his moral sense. Raise him to a higher estimation of himself by believing in his honesty of purpose, by lifting him to a higher sense of dignity.

An innocent child cannot steal. If he takes what is not his own, it is because his wants have not been understood, and because he has been denied that which would gratify him, or else because he has *learned*, that, if he takes secretly he will not incur the displeasure or the punishment of his parents.

Self-gratification, we have said, is an instinct of animal nature; therefore the child who is yet an animal is a *gourmand.* While his mouth has tasted what is good, his reason is not sufficiently developed or educated to understand what is not good for him. He has not yet learned that to eat at regular hours is conducive to his well-being: he tasted the apple, and the apple was sweet; all your temper and anger will not prove to the child that an apple was not good for him.

You say the child is a natural thief? How is it that the child would not steal a diamond, but would steal an apple? The education which will eventually teach him that the value of the diamond is above that of the apple will also teach him that his appetite can be satisfied by making a demand upon his parents at the proper time, and that to

eat every hour of the day, however good to his sense of taste, is not conducive to his health. Be watchful, and, if it is impossible to keep the child from associations that will teach him to deceive, act so with him that deception is unnecessary. Above all, *do not accuse him of deceiving, lying, or stealing;* for those opprobrious names will suggest to him acts that are possible and within his scope. A great deal of judgment is requisite here. If a child has surreptitiously taken an apple, let him understand that he can take one with your knowledge; if he lies, prove to him that the truth would have done him less harm than the lie; that there was no necessity of secrecy or deception, as his parents would have been glad to gratify him. In fact, bring him near to you; let him know that he can share with you, that you will share with him. Bring yourself down to his level; and he will find in you his friend, the sympathizer in his pleasures, the generous supplier of his wants. Let him feel that he can come to you with his little trifles, that he can find in you the soother of his sorrows; thus, with that gentleness that a loving heart is capable of, you will be able to lead him from the stray path into the straight road of morality and integrity.

"Those who will join with children, and help them in their sports, will learn by this mode to understand the feelings and interests of childhood, while, at the same time, they secure a degree of confidence and affection which cannot be gained so easily in any other way. And it is to be regretted that parents so often relinquish this most powerful mode of influence to domestics and playmates, who often use it in the most pernicious manner. In joining in such sports, older persons should never yield entirely the attitude of superiors, nor allow disrespectful manners or address. And respectful deportment is never more cheerfully accorded than in seasons when young hearts are pleased and made grateful by having their tastes and enjoyments so efficiently

promoted." — *Miss Beecher, in "The American Woman's Home."*

A child lies: why does he lie? Because he is afraid to tell the truth. Why is he afraid to tell the truth? Because he has been rebuked or punished for doing what would gratify him.

A child finds a gratification in going in company with other children: the parents fear those associations, and forbid the child to go. This command does not quench his desire for the company of his equals: he will fear to go after your command, but he will wish to go all the same. His instinct of self-gratification is still stronger than his sense of duty: therefore he will go surreptitiously, thus practising an act of deception which will afterwards induce him to lie for fear of rebuke. What is the parent's duty, then? To go with the child, of course, so as to have the opportunity of examining the character of the company his child goes in, and to gratify him by providing pleasurable companionship of the right kind. Thus, while it would be impossible to convince the child that the company of children is not gratifying to him, he can be taught that the company of certain children is not good for him, while that of others is not only good for him, but would meet with the full approbation of the parents. Thus the child is taught to discriminate, which mental process will lead him to the selection of proper associates.

It is often said, "Father and daughter, mother and son." Wherefore this saying? It is because it has generally been observed that the daughter will go to the father, the son to the mother, for indulgence. Why this preference? Is it because there is more affinity between opposite sexes? Not necessarily. But, whatever the inward cause, the immediate reason is, that the father has more sympathy for the daughter, the mother for the son. Whatever may be the reason, a cause exists; and it goes to prove that the

parents get the confidence of the child they have sympathy with. Take a look at schools, for another example, and you will discover the intuitive like and dislike children take to their teachers. While a child is perfectly amenable under the tuition of one teacher, he is perfectly intractable under the tuition of another. Some teachers are even detested by the whole school, while others are as much beloved. The fault lies with the teacher: he has no sympathy with some or with all children in general. Such men or women are not fit to be teachers, however learned they may be. Is there any one, however old, who, recurring to early days, does not think with pleasure and affection of some teacher, and with aversion of some other? Sympathy on the part of the parent will be an irresistible charm to the child.

Some parents, however, fail on the other side. They are apt, for instance, to take a child's tricks as a demonstration of smartness, and be pleased or amused with them. This practice is dangerous in the extreme; for it will lead into an indulgence, the result of which, later, may be beyond their control. It is most interesting to watch the gradual development of a child's mind; we are charmed by all the actions that manifest a reasoning power: but do not nurse vitiated thoughts with your approval, lest they remain impure forever.

Induce your child to practise generosity, humanity, and good manners. Let him divide his crumb of bread with the beggar or his play-fellows, lest he become a miser. Let him not assume an air of superiority to his inferiors, lest he become imperious; teach him to be gentle with his equals, lest he become arrogant; teach him to be tender to the mute animals, lest he become cruel; teach him deference to the old, lest he become contemptible; teach him to love his neighbor as himself, that he may be just; and, above all, teach him *not to fear* but *to love* his God, that he may be happy.

I cannot close this earnest exhortation to parents, better than by quoting the following passage from "The American Woman's Home," a most admirable guide to the science and the art of happy domestic life. The passage is from the pen of Miss Catharine E. Beecher.

"Children can be very early taught that their happiness, both now and hereafter, depends on the formation of *habits* of submission, self-denial, and benevolence; and all the discipline of the nursery can be conducted by parents, not only with this general aim in their own minds, but also with the same object daily set before the minds of the children. Whenever their wishes are crossed, or their will subdued, they can be taught that all this is done, not merely to please the parent, or to secure some good to themselves or to others, but as a part of that merciful training which is designed to form such a character, and such habits, that they can hereafter find their chief happiness in giving up their will to God, and in living to do good to others, instead of living merely to please themselves.

"In forming the moral habits of children, it is wise to take into account the peculiar temptations to which they are to be exposed. The people of this nation are eminently a trafficking people; and the present standard of honesty, as to trade and debts, is very low, and every year seems sinking still lower. It is, therefore, pre-eminently important that children should be trained to strict *honesty*, both in word and deed. It is not merely teaching children to avoid absolute *lying*, which is needed: *all kinds of deceit* should be guarded against, and all kinds of little dishonest practices be strenuously opposed. A child should be brought up with the determined principle, never *to run in debt*, but to be content to live in a humble way, in order to secure that true independence which should be the noblest distinction of an American citizen."

PHYSICAL TRAINING.

CLEANLINESS.

THE skin is more active in the child than in the adult: hence it requires greater attention. The sympathetic relation of the skin, and, indeed, of all the mucous membranes, with the brain is very intimate. Under the proper paragraph, the manner in which an infant should be treated immediately after birth, has been described. To secure a perfect action of the skin, the child should never be exposed to extreme heat or cold; and, if one cannot prevent the atmospheric changes, the dress and the temperature of a room can be easily adapted for his health and comfort. Pure air is the most invigorating element to the skin and the lungs: hence a child is better in the country than in a city, on high and dry localities than in low and damp places. Its room should be moderately cool, rather than warm.

Frictions and bathing are healthful to the skin at every time of life, but particularly during childhood. The skin, in order to eliminate its proper fluids, must be free from all dirt, which forms a coating sure to prevent the due exhalations, compelling it to retain them to its great injury. A child should become gradually accustomed to cold bathing; and, when old enough, it should be immersed in running water. The shock is beneficial, and swimming a most salutary exercise. Young girls are deterred from the river, and from swimming, through imaginary fears or prejudices: it is a pity, for that is a practice as healthful to them as to the boys. When a safe place is provided, the only care that should be taken is that they do not become chilled

while bathing: after the bath, they should be rubbed dry with a coarse towel. The length of time that they should be allowed to remain in water will depend upon its temperature and their own power of re-action; for while one child can remain in water half an hour, and still feel warm, another can hardly stay ten minutes without becoming chilled. A few minutes after the child has come out of the water, he should feel a pleasant glow of warmth through him; if not, the bath is injurious to him.

BATHS.

Baths may be used for the purification of the skin simply or for therapeutic purposes. They may be classified as *cold*, *tepid*, and *warm* baths.

The *cold bath*, water at from *seventy to eighty degrees Fahrenheit*, gives, at most seasons of the year, a sensation of coldness. Its effects are "primary" and "secondary." The first are those which take place at the time of the immersion; the second, those that occur later, constituting what we understand by the term *re-action*.

"The first effect of cold water applied to the body, generally, is to abstract a certain amount of heat from the surface, to constringe the capillary vessels, and to force the blood inward. Now, as the living body possesses the remarkable property of maintaining its temperature at very nearly the same point, whether it is in a colder or hotter medium than itself, the vitals at once set to work in restoring the caloric abstracted by the contact of the water; and, as the functions of circulation and calorification go necessarily together, the vital powers, acting through the heart and blood-vessels, attempt a return of the blood that has been forced inward by the coldness of the water.

"This is what is called '*re-action*.' If the individual is

sufficiently strong and well stocked with vitality, the blood is quickly returned to the surface and to the extremities, constituting what is termed *good* or *vigorous* re-action. But if the surface and extremities continue to remain unwarmed by a slow return of blood to them, as happens in the case of feeble persons, there is said to be *poor* or *insufficient* re-action.

"The *tepid bath*, sometimes called '*lukewarm*,' ranges from *eighty to ninety-two degrees Fahrenheit.* Its effects do not differ much from those of the cold bath, only not so lasting and permanent. It is especially useful in the treatment of infants and children, and in all cases where the re-active energy is feeble. If in any case we are in doubt whether the cold bath is admissible, the tepid form will be a milder measure, and, at the same time, serve as a test in venturing upon the cold. The tepid bath may be continued longer at a time, which in some cases will be found an advantage.

"The *warm bath* ranges from *ninety-two to ninety-eight degrees Fahrenheit.* This is used only for therapeutic purposes." — *Joel Shew* (Hydropath).

RULES FOR USING WATER.

The time of day. After a night's rest, the body has regained vigor, the circulation is freer, the re-actionary powers are stronger; consequently, morning is the best time for bathing.

Before or after meals. As digestion requires heat in its chemical re-action, and as the nervous system should not be disturbed while engaged in assisting the process of digestion, bathing after meals is injurious.

Re-action is known by the pleasant glow of warmth that is felt through the body after bathing. If the extremities

remain cold, the lips and nails remain blue, the re-action is not good, and the bath should be omitted.

Bathing in the open air is preferable, provided there does not exist a too great degree of difference between the temperature of the water and the atmosphere.

The head should be sponged *before and after* the bath.

After violent exercise, the system being weakened in consequence, no bathing should be used until after a sufficient rest has been had to restore the natural forces.

When the *body is in a high degree of temperature*, care should be taken not to dip it in a very low degree of water. Bathing is useful at *all seasons*, when the above rules are observed.

AIR AND EXERCISE.

As soon as children walk, they should be promenaded twice a day, except during windy or damp days. It makes no difference how cold it is; clothing and exercise will keep them warm, and their cheeks will have that healthy glow which is stimulated by fresh air. During hot weather, they should be taken out during the cooler hours of morning and evening. The length of the promenade should be in proportion to their strength, never beyond it. During the walk, the children should be amused by showing them objects of interest: the walk ought to be to them a pleasure, not a bugbear. After the fourth or fifth year, children should be allowed to play such games as are consistent with their strength. Girls should not be restrained from joining the boys. Such games as would amuse the mind, as well as exercise the body, are very healthful, since they maintain a proper equilibrium between mind and body.

Let not a false sense of gentility keep the parent from allowing the children of both sexes to enter on the rough-and-tumble of their innocent plays. A doctor was called

to attend the child of a refined lady. He saw before him a pale, sickly little boy, beautifully arrayed in an immaculate white dress. "My dear madam," the doctor bluntly and quickly observed, "your child is dying of over-cleanliness." Do not suppose that the doctor was in favor of dirt: no, he meant that to keep a child so intensely clean, was to deprive it of that healthful exercise and pleasure which children find in playing on the ground. The mother took the hint, and sent her child out to play, with fewer injunctions to her maid; and, not long after, she was delighted in seeing that the pallid cheek had acquired a rosy hue. If her sense of gentility was shocked, her heart bounded with joy to see her child in perfect health.

Many mothers object to girls romping. Those mothers should remember that the health of their girls is as important as the health of their boys, and that it will require no less exercise of the body, and pleasure of the mind, to preserve it. The great Dr. Abernethy, on being consulted by a mother in regard to the failing health of her young daughter, said, "Don't come to me; go buy a skipping-rope." To this we may add, let her run the hoop, play croquet, play horse, battle-door and shuttle-cock. She will come in with a rush, her hair dishevelled, throwing it on one side with a jerk of the head, like a colt. She may not look like a lily peeping out of its leaf, but she will be vigorous, healthy, and robust; and, when older, she will not go to her parents with her headaches, backaches, and faintness. Excesses should be avoided, and the use of the *swing* forbidden: *swinging determines blood to the head.*

If the children come in too warm, let them not sit down in a cold room; if they come in hungry, do not let them eat, except after a little rest, when the circulation is quieted. Let them not drink a glass of ice-water while in profuse perspiration. Should they come in with wet feet, make them take off their stockings, plunge their feet in cold

water for a minute or two, then rub them red and dry with a coarse towel: this treatment will prevent them from taking cold.

FOOD.

After the skin, the most active organ of the child is the *stomach*, and digestion the most important of all its functions.

Under the paragraphs on "Lactation" and "Nursing," the subject of feeding an infant has been fully treated.

Dentition is, however, the signal for a new system of diet. From the moment when the child has four teeth, vegetable matter, such as bread, rice, sago, semoline, and barley, may be mixed with its milk; this will accustom the stomach to gradually receive vegetable food. Later, soft-boiled eggs, a tender piece of mutton or beef, the wing of a chicken, may be added, thus accustoming it to receive animal food. A child should eat lightly, but oftener than fully grown people. Its digestion is quick, and its stomach requires quicker supplies. It is well to accustom the child to regular hours, but it should not go too long without food. If a child is hungry between its regular meals, a piece of bread and butter, or fruit, will satisfy the appetite, and not hurt it. If there are articles of food unfit for the child, it is cruelty to expose it to the temptation without gratifying him: therefore, a child under four years of age should not occupy a seat at the table with grown people, unless they select to have such articles of food as would be innocuous to the child.

EVACUATIONS.

Great attention should be paid the evacuations of children. They should be induced to make the proper evacua-

tions with *regularity.* When this regularity is established as a *habit,* it will be a great source of health and comfort during their whole life.

SLEEP.

Children require a great deal of sleep. They are so active that they would become exhausted if sleep did not give them a good intermission of rest. But the sleep should be natural: *it should never be induced by artificial or medical means,* which are very dangerous to their delicate brain.

Never awake a child suddenly, for the surprise may cause a fright, to be followed by terrible consequences. When the child awakes, it should see only familiar faces or things: the sudden presence of a stranger is sometimes enough to throw it in a fit. Children should go to bed early, and rise early; their bed should be rather hard than soft, and they should never be too heavily covered. Many poor children turn and toss in their crib, simply because the cover is too heavy or too warm for them.

The nervous system of a child is so impressible that care should be taken never to expose it to hideous objects. Do not startle a child with sudden brusqueness; do not relate to it unpleasant stories, or try to subject it to your will by threatening it with imaginary apparitions of monsters. The child will dream about these things, startle from his sleep with a piercing cry, and you will find him trembling with a cold sweat upon his brow. Such shocks predispose a child to water-on-the-brain. Very susceptible children require great tenderness and a patient training to accustom them to the sight of objects which, however harmless, cause them terror.

SCHOOL-DAYS.

When children have reached the age of study, and you send them to school, remember that nature has provided that the organs should be developed before the mind; that the muscles require exercise for their development, and that the mind should not be forced beyond its capacity. Precocious children are seldom healthy. Do not sacrifice the body to the mind; for, if the former withers, the latter must wither also. While some application is necessary to the training of the mind of children, too much will exhaust it and render it feeble.

A child, from the age of seven to twelve, should not study more than an hour at a time; each hour of study being followed by an hour of relaxation. Four hours a day of study is enough for a child of that period of life. The system adopted by the majority of schools is too confining. From nine to twelve, then half or one hour of relaxation, to return to the desk until three or four o'clock, is too exhausting. Besides, the collection of many children in one room — particularly during the season when doors and windows are kept closed — will consume so much oxygen, and generate so much carbonic acid, as to make the atmosphere a perfect poison. When children are held for hours, with the mind intensely engaged, the body in complete rest, to inhale poisonous atmosphere, do you wonder that in time their bodies wither and their lungs become weak? The constant sitting in one position will affect the circulation of the stomach and intestines, and implant seeds of dyspepsia and constipation. Who was that well-intentioned fool that proposed Saturday as the proper day for children's weekly vacation? That brings two days of vacation together, while five are left for constant application. Why not select Thursday? That would divide the labor more equally, and

the day of rest would be just in time for the repair of wasted strength. A rested mind and a vigorous body will learn quickly: a few hours of application then will insure more proficiency than a day's work of a tired body and an exhausted mind. In the latter case the health is impaired; in the former, preserved.

Every school should be provided with pleasure-grounds, and some apparatus for gymnastics in the open air, where children can find pleasure and exercise; *and the teacher should never retain a child in school during hours of relaxation by way of punishment.* While the teacher may be allowed means of discipline for unruly children, he has no right to use means that would impair their health.

The American people, who have made a glorious and powerful nation out of a desolate continent in a few scores of years, have labored beyond their capacity; and the result is a deterioration in the health of their offspring. No country abounds so much in dyspepsia, insanity, consumption, and uterine diseases, as this glorious land. If American women are famous for delicacy of features, for fairness of skin, and suppleness of limbs, they are famous also for weakness, and incapacity for physical labor. If American men have built cities in a day, and fortunes in an hour, they have also filled Europe with valetudinarians, who are now in quest of health, and would willingly give for it all they have made in losing it.

The education of girls in this country is above the average of that of girls of other nations. This is undoubtedly owing to a very early and persistent training of the mind: but, while the mind is built up, the body has perished; and it is the common remark of natives and foreigners, that American ladies "do not *last.*" In France, Italy, Germany, and Scotland, a woman from thirty to forty is considered in the prime of her vigor and beauty; in the United States, she is *passée*, in other words, prematurely old. Where

could a Raphael, a Rubens, find in America models for their grander paintings? Where would Giulio Romano find a model for his giants? A glorious subject of martyrs could be found: they would not be martyrs of Christianity, but the martyrs of our schools; they should not elevate the cross as the emblem of their sacrifice, but a pedagogue and a rod, with an emblazoned banner bearing these mottoes, "*Late hours*," "*Ten hours study*," "*One hour relaxation.*"

Those who clamor for woman's rights would better clamor for woman's muscle. Let them cry against the onslaught upon girls in schools, and not think, that, because a woman can talk or address an audience, she can clear a forest, man a frigate, tunnel the Alps, build the pyramids. If, in refined society, man guards his woman with tenderness, and takes all the physical burden upon himself, it is not because he desires to appropriate to himself all the prerogatives of labor and liberty; for, where woman is his equal physically she is allowed to share with him both labor and liberty. Liberty means labor, as the redeemed slaves have found out. The women peasants of Italy, of Germany, France, or Scotland cannot complain of being treated like puppets. If only girls were made to have broad chests, good hips, developed biceps, as well as mental capacity, they would find labor and liberty without clamoring for a vote.

ADOLESCENCE.

PERIOD of growth. This is called so only relatively; for we know that the child grows from its very birth. After it has attained the twelfth year of age, however, the growth is so rapid, the organs hasten so fast to the completion of their development, that the time from that age to puberty has been styled the "period of growth."

This is the most important and interesting period in the human life; for, after this, the moral habits are formed, and the organs are shaped to a fashion in which they will remain ever after. It is during this period, also, that the mind, heretofore passive and almost totally imitative, springs as from its cell into an existence of self-dependence, self-regulation, and gives evidence of originality of thought and conception. All the senses become more active; and one can notice the human being gradually breaking away from the anchor of parental control, and drifting towards the current of life, where it will ever after steer its own course. It is now that you will see the fruit of your early instruction; it is now that the imperfections will become apparent; it is now that artistic touches will be required, lest the picture is a daub forever.

It is, also, at this period that latent diseases often develop themselves; and the offspring of parents who have died of tuberculous consumption need now the greatest attention, for in this condition of susceptibility the slightest indiscretion is often the spark that kindles a fatal fire in the young and tender body.

It has already been stated that this period is marked by very notable changes, and particularly in the organs of gen-

eration. This development will infuse a new stimulus into the organism heretofore unknown to the child. It is not agreeable to our self-love to speak of ourselves as animals; but unfortunately our nature has an animal side which even our conceit cannot destroy. The most important of all these functions is, probably,

MENSTRUATION.

Menstruation is that which characterizes the development of puberty in the woman.

The time of its first appearance varies according to climates, national or individual constitutions, the manner of living, the occupation, the habits, the moral and physical education. It appears sooner in warm than in cold climates. In the neighborhood of the equator, it appears in girls of ten or eleven years, and even sooner; in the north, not before the fourteenth or fifteenth year or even later. Different habits, occupation, and education will cause girls to vary in the coming on of menstruation in the same city or locality. The one who leads a life of excitement, reads romances, and is very imaginative, will menstruate early; the other, retired and modest in her habits, of quiet disposition, kept within the sphere of innocence, will not menstruate till late.

Although the menses appear sometimes without any premonitory symptoms, they are generally heralded by a sense of lassitude, a sensation of weight in the lower part of the abdomen and in the loins, by heat in the parts, and by a painful swelling of the breasts. Where the nervous system predominates, a general excitement prevails, inducing melancholy, palpitation of the heart, hysteria; also a desire for uncommon things, as slate-pencil, salt, tar, pickles, &c. After a few days of this *malaise*, a discharge of white mucus appears, which may immediately be followed or not by a regular menstruation. It often occurs, that, after one normal

menstruation, two or three months elapse before another, until finally they become established with regularity. In some cases, the re-appearance is not accompanied by the unpleasant precursory symptoms experienced the first time; in others, the same pains, sensations of weight, of heat, of general *malaise* recur. Some girls suffer much, and show it in their appearance; their eyes become surrounded by a dark circle, their breath becomes unpleasant, they suffer from oppression of the chest, tenderness of the abdomen, colic; their usual equanimity is lost, and they become irritable, impatient, violent, or sad. These symptoms would indicate an irritation of the uterus amounting almost to inflammation.

The quantity of blood lost each time, and the number of days of sickness, vary, as they depend upon the constitution, climates, habits, and moral affections.

Menstruation ceases at the age of forty to fifty, which cessation is called the "change of life," or the "critical period."

Whenever the irregularity of menstruation produces sympathetic affections that are not consistent with health, a physician should be consulted without delay.

Menstruation plays a most important part in procreation. Although women who never menstruated have given birth to children, and although women have menstruated during pregnancy, still the general law is, that menstruation is necessary to conception and does not occur in a period of pregnancy. Derangement of menstruation is, therefore, in all cases, of grave importance, as it relates to one of the most important duties of mankind. Deranged menstruation is also a source of manifold maladies, hysteria, dyspepsia, sick-headache, backache, weakness, colics, insanity, convulsions.

Could a mother, then, be indifferent to the establishment of this function in her daughter? Should she not be solicitous that it should continue with regularity and normality? Could pretended modesty excuse her from attending to this

function of which her daughter is entirely ignorant? Would her daughter thank her, when, in later days, she finds that her own instructed ignorance has led her into fatal errors?

As soon as this process commences in the girl, her mother should make her acquainted with its necessities and its dangers. Let her understand its purpose; how it can be preserved, regulated, and made conducive to health; and how easily deranged, and allowed to bring dangerous maladies upon her, — and she will not be long in comprehending its full meaning and importance. It will not be difficult, then, to induce her to avoid the excesses and the exposures that will imperil her welfare for life.

Menstruation is sometimes tardy in its first appearance. Before interfering, however, it is necessary to observe if the girl is sufficiently developed to menstruate. This change, or puberty, is always accompanied by a development of the organs that are in close sympathy with the womb. The breasts should have become larger, the hips wider, the form fuller, before this function is established: as long as they are undeveloped, it would be useless, and even dangerous, to attempt to establish menstruation by medical means. If she have reached her sixteenth year, and her form has acquired the shape to indicate that puberty has arrived, she should be subjected to some healthier regimen. She should be taken from school, sent to the country, given exercise in the open air; her diet should be simple, but nutritious; her feet bathed in warm water every night. A journey on the sea, a sojourn on the mountains, has often induced that crisis without any other aid.

When the girl, already developed, suffers periodically from headache, backache, flashes of heat, nose-bleed, palpitation of the heart, nervousness, and pain in her breasts, while the menses do not make their appearance, a skilful physician should be consulted.

The common causes of irregularity in the menses are taking cold, *wet feet*, too much *mental application*, sedentary life, *want of exercise*, abuse of coffee, stimulants, or narcotics, violent exercise, checked perspiration, laziness, *late hours, want of attention to the daily evacuations, excitement*, anger, passion, grief, worry, *immorality*, disappointments, home-sickness, mental shocks, frights.

Diseases of the womb are insidious in their nature, because uncared for. Should all *irregularities* be attended to *in the beginning*, they would not run into that chronic state in which physicians almost always find them. Thousands of our weak, nervous, helpless women, would revel in the enjoyment of perfect health, in the discharge of their solemn duties as wives and as mothers, if they had given timely attention to little irregularities.

The hygiene of a girl at this critical period should be guarded, both morally and physically. Her mind should be free from cares or sorrows; free from the shackles of society; not laden with engrossing studies; *prevented from reading amorous literature*, or too much of romance and novels; guarded from all nervous shocks. Her body should be allowed to develop, untrammelled by unsuitable dress, unimpeded by confinement to the house or school. The open air should be her life, healthy exercise her practice, innocent pleasures her resources.

EXERCISE OF BOYS AND GIRLS.

Young men have a great advantage over girls in their youthful exercise: they always add pleasure to it. That is important. A walk will soon become irksome when it must be made in a particular street, under the surveillance of Miss "Propriety." A hearty laugh, a loud voice, so natural during that period of exuberant life, is quickly hushed up by the green eyes of that ignorant regulator.

I well remember, during my own boyhood in Italy, when it was the fashion among the rich classes in Europe to turn over the care and education of their children to seminaries, the long and pale faces, the timid, spirit-smothered boys, that used to file in procession, under the captaincy of a priest, through the streets and in the parks. The free boys would style them "the sick crows;" and in their sports those poor "crows" always came in last. They were buffeted and ridiculed by the young scamps, from whose every pore ran out energy, health, and activity. The lessons of the "crows" would be well rendered, they were well drilled, no doubt; but the success in life was carried by the healthy strong, and disorderly crew of the free boys.

If young men have cricket, foot-ball, base-ball, hunting, fishing, boating, and innumerable games that cheer their mind, and exercise their body, why should not girls have games and sports appropriate to their sex? *Rowing* is an exercise, not only healthy, but graceful, for a woman. *Swimming* is as healthy and necessary to their life as to men's. *Gymnastics* can be adapted to their strength. *Riding* is exhilarating, and very healthful.

Higginson well says, "Indeed, there is something involved in the matter far beyond any mere physical necessity. All our natures need something more than mere bodily exertion: they need bodily enjoyment. There is, or ought to be, in all of us a touch of untamed gypsy nature, which should be trained, not crushed." Even danger adds zest to our actions. The same author, alluding to gymnastics, says, "If it does you good, you will enjoy it; if you enjoy it, it will do you good. With body, as with soul, the highest experience merges duty in pleasure."

Dancing is, without doubt, one of the most pleasurable exercises known. It is a period of intermission from the cares and sorrows of the world. It is an indication of a healthful state of body and mind. A mind borne down by

care or grief, a body weakened by disease, cannot dance. If wholesome, where comes in the danger then? It is not dancing that is injurious, it is the heated rooms, the excess, that re-acts unfavorably on the body; it is the current of cold air that is often allowed to rush through hot and crowded parlors; it is the heavy supper that is almost always the concomitant of hospitality.

The exercise of dancing increases the action of the lungs; hence girls should not wear tight belts or tight corsets. It exercises the muscles of the foot, which, therefore, should not be incased within narrow and unyielding shoes.

Morally, many people object to dancing: to those I say, "*Honi soit qui mal y pense.*" While the mind is engaged in the pleasurable and invigorating exercise of dancing, seldom does it plunge into unworthy and prurient thoughts. Many parents object to dancing, who do not object to their daughter staying alone in a parlor with a young man, taking a walk or a drive with him. Strange inconsistency of human nature! If you have confidence enough in the integrity of your daughter to allow her so much freedom, why should your confidence lessen when she clings to the arm of the young man dancing in your presence, and amidst your friends? The plea is given that a girl cannot select her partner; that is a mistake. A sensible girl can so comport herself, that only those that she prefers will ask her to dance. Seldom does a young man insist upon dancing with a young woman who has aversion to him.

The dance has always been a part of all joyful occasions. Dancing is an accompaniment to happiness. Sober men have danced at joyful news; Christians have memorialized their triumphs by a dance; the most innocent and upright people dance. Dangers surround us at all times, and wickedness can be concocted during a dance. So a lemon-peel has been the cause of a broken neck; yet lemons are retained as a useful article, and they have not been proscribed.

"There are many intelligent, excellent, and conscientious people who think that dancing is an innocent and healthful amusement, tending to promote ease of manners, cheerfulness, social affection, and health of mind and body; that evils are involved only in its excess; that like food, study, or religious excitement, it is only wrong when not properly regulated; and that, if serious and intelligent people would strive to regulate rather than banish this amusement, much more good would be secured." — *The American Woman's Home.*

A very pleasing and useful study for a girl, one in which she can learn, amuse her mind, and exercise her body, is *botany.* But a girl should not study botany on preserved leaves or flowers, or on beautiful colored plates, but in the meadows, on the hills, amidst the rocks. Her mind will be engaged in the search after a favorite plant, her body exercised in the effort to attain her object. This study would induce her to the cultivation of a home-garden; there she can dig, plant, trim, and love her flowers. She can dirty her hands, and tan her face; but under those coatings there will be the glow of health. It will not be a lost lesson; for, when older, her knowledge of the plants and herbs will greatly assist her in assuaging the pains of the sick, or supplying the needs of the poor.

DRESS.

DRESS is not intended to be simply a cover to our nakedness: it has been invented in civilized countries as a protection of the body from vicissitudes of weather, and sudden changes from a high to a low degree of atmospheric temperature. Dress is to maintain within the body a certain amount of heat required for the circulation of our blood, the actions of our organs, muscles, and limbs. We know the effect of extreme heat or extreme cold on the human body hence we can easily imagine that even in the intermediate degrees they must produce effects, which, although not instantly fatal, will, nevertheless, induce changes in our system incompatible with the laws of health.

The object in dressing being to prevent the evaporation of necessary heat from the body, it follows, that, according to the elevation or falling of the surrounding temperature, the dress must be adapted. Heat must be equal, evaporization must be equal. To maintain this equilibrium, the body must be *equally dressed all over.*

As the temperature affects the circulation, it follows, that, when the dress is partial, the temperature is unequal, and the circulation, of course, unequal also.

From the moment the circulation is unequal, the blood flows more freely in one part than in another. The part more exposed to evaporization, or to a lower degree of surrounding temperature, must have a circulation slower than the parts protected from both. The cooling of the surface is induced by the contraction of the capillaries, which drives the blood away from those parts, making them very sluggish, to other parts, making them very active. From the moment this fact is established, the equilibrium is disturbed,

and the human machine deranged in its operations. The great study of keeping a clock in perfect running order is to maintain the equilibrium of forces amongst the different parts. When one part, like the pendulum, chain, spring, or wheel, is differently affected by the surrounding temperature, the expansion becomes unequal, the equilibrium is lost, and the clock is out of order. Philosophical mechanics have discovered this, and have used every skilful means to balance the gain and losses in the expansion of the metals, or by using metals of equal susceptibility, &c. If we are so careful with clocks, why are we not with ourselves?

Civilization, with all its wonderful apparatus for heating houses, will have done a great injury to mankind, unless it provides also the means to protect us when we leave our luxurious homes for the house of God, that open temple of his wonderful creation, where the sun is the only fire, and its satellites the only luminaries in its absence.

The transition from 70° Fahrenheit, within our abodes, to zero without, must be productive of sudden changes in our circulation, unless clothing prevents it, by being equally and sufficiently spread over the entire body.

The feet that touch the ground, which, in its cooled state, would absorb much of their heat, need adequate protection, else the equilibrium would be disturbed, and a cold would be the consequence. The dress of women is not calculated to protect their lower limbs and the abdomen as well as the upper part of the body: this is another great and general source of disturbance of that equilibrium. Those former parts become sluggish in their functions, and finally the seat of permanent derangement; the bowels become costive, the womb subject to congestions, congestions inducing painful menstruation, leuchorrhœa, prolapsus, ulceration, &c.

The chest, or thorax, that contains our most noble organs, if not equally protected, will be liable to the same functional derangements. The lungs being thus subjected to a flux

and reflux, quite irregular, will become disorganized: coughs, sore throats, pleurisy, pneumonia, consumption, must follow. The heart, the recipient and propeller of the blood, must become deranged when this fluid is constantly varied in its flow. If more blood is driven to it from the periphery of the body than its natural capacity can receive and propel, the heart must become enlarged and enfeebled; its delicate valves, that are to open or close according as the heart receives or expels, must become troubled, and finally disorganized; and then we have a frightful condition of things, which can only bespeak an early death. The liver, kidneys, &c., are subject to the same influences and the same risks.

Fine shoulders and alabaster bosoms are beautiful to see. On the same principle, you might bare other parts equally beautiful; fortunately, decency has put limits to such exhibitions. But why it should be more decent to expose a beautiful arm or bosom than a beautiful leg or thigh, is more than any philosopher can explain. Fashion, O fashion! thou art the devil in sheep's clothing, indeed!

As it is with partial exposure, so it is with tight lacing. Pressure drives blood away from the parts, the veins and capillaries being intensely elastic. Pressure not only prevents development of the parts, but actually causes absorption of the tissue. Tie a leg sufficiently tight to prevent the circulation of the blood for any length of time, and it will dwindle into an incredible smallness.

Commence early, therefore, in the education of dress. It is beautiful to look on the dimpled arms, chest, and legs of an infant; but think of the consequences! The idea that exposure makes them hardy is not bad; but then expose all parts equally, and do not keep them for eighteen hours in a temperature of 70°, and six hours in an atmosphere from 10° to zero.

If your manner of living forces you into these incongruities, see that your child goes out in the fresh air with a

body equally covered. Bare legs and arms are not conducive to its hardihood when the other parts are heavily clad. Better that it should go naked, like the savages, and that your houses had no fire.

Mothers, read and think of this! It is truth. See to your infants. Pleasure-grounds and shady sides have sent millions of little beings to a desolate grave. It is not the fault of the pleasure-grounds nor of the shady sides; but it is the sitting on the grass and on the earth of a temperature much lower than the body, when the clothes that come between serve only to cover it from sight, not to protect it from the absorption of its heat. If a child is lightly clad, spread a shawl or a cushion underneath: a grown person in the same condition would do the same; it is only those delicate little creatures that are allowed such careless treatment.

HOW DRESS MAY AFFECT GIRLS.

We all love to see children looking pretty, cunning, and attractive. Fashion does a great deal towards the attainment of this aim. Let us commence from the period that a girl-baby leaves off her long robes for the short skirts. The mother will take care that the baby's chest is well covered: the pretty limbs, however, will be exposed, the little stockings short, and the drawers made of cotton or linen, but thin. If the child goes out, "Nurse, put a sacque on the baby, and do not let her go out without her hat: it is cool to-day." Unless it is decided winter, no additional clothing is suggested for her limbs or abdomen. The child goes out, sits on the grass or dirt, the temperature of which, being lower, robs the child of some of the heat from her legs and the lower part of her body. So the child goes from year to year, without much difference in her apparel; the dress of the lower half of the body being much less in

proportion than the dress of the upper half. The putting on of an extra skirt does not help this difference a great deal. In a small child, the skirts are so short that I cannot consider their efficiency in keeping the child warm any better than an umbrella carried above one's head. The cold air must necessarily get under the skirts; and the warmer the body the quicker the air will rush up, on the principle of a flue.

In this way the temperature of the body of the girl, from her waist down, is kept for years several degrees lower than that of her body from the waist upwards.

The consequence is serious in the extreme. Every one knows that cold contracts the skin, veins, and arteries, and propels the blood from the surface. Put your hand in ice-water for a few minutes, and you will see it shrunk and colorless: the blood has been driven from it. This process is going on all the time that the child is less warm in one part of the body than in another. In the coolest part, the circulation becomes slower as the blood is driven away. Where is the blood driven to? To other parts of the body, where it is not wanted, where it clogs up, and actually causes passive congestion.

What is the first ill effect experienced? *Constipation.*

The bowels, like the stomach, have their functions to perform in digestion: they require the same quantity of animal heat; they require unobstructed circulation. But to expose the surface of the abdomen causes great evaporation of needed heat; the cold drives the blood to the interior, causing a clogging up in the internal circulation; the digestion, robbed of the heat, its operation interfered with, becomes gradually slower, all its functions slower and delayed; and constipation is a natural result of the whole. Is this not true? Witness eight women out of ten constipated! Why are men not so prone to constipation? Because their dress is calculated to *keep the whole body of an*

equal temperature, and their circulation unimpeded. Witness the children of the poorer class. They may be exposed as much, nay, a great deal more, than those of the wealthier class, but their exposure is not partial: if they are thinly dressed, they are so from head to foot; if they have no drawers, they have no flannel shirt; if they have no shoes, they have no hat. *Constipation*, then, is the effect of *unequal dressing*.

But, again, constipation is the almost *universal cause of displacements of the womb*. These congestions of the womb, inducing leucorrhœa and ulceration; these frequent retention of the menses; this universal painful menstruation; these irregularities, depriving the woman of her health, her vigor, her happiness, are all due to this unequal dressing, which, by causing unequal circulation, implants *the seeds of disease and disorder from earliest infancy*.

When will woman love her children better than fashion? When she does, when she dresses them according to physiological common sense, then, and then only, will our women be strong and healthy; then will they go without sick-headaches and neuralgias; then will they go without constipation and piles; then will they go without the eternal "pain in the back," leucorrhœa, &c.

How can the mother secure this?

As soon as the baby is old enough to wear short dresses, let the mother, according to the seasons of the year, dress her *equally all over*. If it is summer, light drawers will do, as she will wear but little above. As the cold season comes on, and she puts on the baby a flannel shirt, let her put on her flannel drawers. If she thinks the child needs more for the protection of her chest, let her think that the child will need as much for the protection of her limbs and abdomen.

Thus let this system be continued, not until the girl has

arrived at the age of puberty only, but ever after, and until she will need no dress at all.

How does constipation cause displacement? If the bowels are not moved daily, fecal matter must accumulate within, distend them, and finally deprive them of the natural elasticity that causes them to expel the obnoxious contents. When they get loaded, they press downward and all around them; they press down the womb, or they impact the rectum, and thrust the womb forward upon the bladder. They press upon the arteries, and prevent the purified blood from going to give sustenance to other organs. They press upon veins, and prevent the return of blood, causing a clogging up of the hœmorrhoidal veins, which, in their turn, cause "piles;" or of the veins of the limbs, causing "varicose veins." The veins so distended ooze out water from their walls, and cause dropsy. Thus constipation, together with the continual draft on the abdomen, will cause congestion of the womb; congestion will cause inflammation; inflammation will cause leucorrhœa and ulceration; and all these disorders will cause such debility of the womb as will disable it from carrying a child longer than six or eight weeks; hence the *constant miscarriages occurring.*

Let the mother bear this in mind; let her save her child from constipation, and she will save her from a hundred and one disorders that will render her life a life of misery. And, to do this, let her begin with the child's *earliest years* to dress her with *equal warmth all over!*

ONANISM.

We wish we could be silent on a vice so repulsive to our self-respect as this; but we feel that it is that very silence and reticence which permits this vice to grow, by default of proper warning and education. Feeling that our duty is more imperative than good taste, we hope the effort will be fully appreciated by the reader.

The practice of "onanism" is more common and more extended than any one is willing to believe: it is common in the adults of both sexes. This vice is acquired very early in life, even before the tenth year of age; sometimes by accident, generally by associating with vicious boys and girls. Boarding-schools, colleges, seminaries, in fact, all the places where many young boys or girls are collected, and have the freedom of each other's society, are places where this destructive vice is learned and nursed.

Mothers, generally, delude themselves upon the pretended innocence of their children, particularly of their girls; yet it is our painful duty to state that our experience as a medical man has taught us that very few go exempt from it.

The apparent symptoms that indicate the practice of this vice are general emaciation in spite of a good appetite; paleness of the skin; intellectual languor, and inaptitude to work; a nervous susceptibility; palpitations; shortness of breath; panting at comparatively little physical effort; melancholy; inclination to solitude; headaches; derangements of digestion. These phenomena vary in individuals, according to their constitution; and, in the beginning, are so slight as to escape the notice of the parents. If the victim, however, fails to appreciate these warnings, and continues in the fatal practice, the symptoms become grave indeed, and

are as follows: general languor and depression of spirit; the intellect is weakened; they become absent-minded; they lose their memory, finally they are overtaken by giddiness; their eyes are constantly encircled by a livid halo, their pupils become dilated; they become indifferent to objects that interest others, indifferent to the opposite sex; they are troubled by voluptuous dreams, and by night emissions; they become timid, and faint easily. The girls will feel an irritation of the parts, which is wrongly attributed to a discharge of whites. In man, spermatorhœa follows as the curse of the wicked act. Finally, these symptoms resolve themselves into serious maladies, such as epilepsy, hypochondria, hysteria, insanity, &c. The greatest part of the maladies resulting from onanism affect the nervous system. It is of the highest importance that this suicidal habit should be discovered in time, and that preventive means should be adopted early, else they will soon prove fatal to the individual.

GENERAL TREATMENT.

As soon as suspicion is induced by the foregoing symptoms, the parents ought to exert the strictest surveillance; they should never leave the child alone; it should not be allowed to retire to bed until sleepy; it should be made to leave the bed as soon as awake, and, if possible without outraging innocence, the child should be made acquainted with the dangers of the fearful practice, which is always entered upon in ignorance. In colleges and seminaries, the teacher should never lose sight of the individual addicted to this vice; he should not allow him to isolate himself from his companions, and should endeavor to discover and expel the promoter of the practice. Every time the child awakens, he should be instructed to pass water. *All reading calculated to excite the imagination should be proscribed,* and attention paid that this reading is not carried on secretly.

When the symptoms indicate that the vice has already made inroads in the health of the individual, a skilful physician should be consulted without delay. But, apropos of physicians, let not your modesty drive you from respectable physicians of good standing to advertised pretenders who treat that special malady. The advertising columns are full of such, showing the incredible extent of the practice of this vice and its fatality; these draw the timid and the modest to their great detriment. *Go to your own physician*, whose skill you know, and whose honor you can trust.

Muscular exercise should be carried almost to exhaustion, particularly before going to bed. The mind should be occupied by healthful and pleasant distractions: travelling is one which will pass the time, and distract the mind from one's self; hence useful in the case. Baths in current water swimming, cold local bathing several times a day, and even during the night, will abate local irritation and nervous susceptibility. Food should be light, and deprived of all spices: *shell-fish, cheese, spirits, wine, coffee*, should be *forbidden*.

If the habit has taken such hold as to be impossible to make the individual relinquish it, personal restraint may become necessary; his hands should be secured. The bed should be hard and cool, no feather mattress used. A grown person should sleep with the child when this vice is suspected.

The directors of asylums for the insane, and for idiots, could witness that we do not exaggerate, when we call upon parents to use the utmost vigilance, moral courage, and parental influence in detecting and dealing with this insidious vice; for it is capable of sapping the bodies, destroying the minds, and degrading the souls of their dear children.

MARRIAGE.

HARMONY

OF TEMPERAMENT AND EDUCATION.

THE union of two moral and intellectual beings, linked by a pure love, in conjugal relation, is a sublime conception of Christianity and civilization. "Those whom God has joined together, let not man put asunder." Man and woman thus joined become a unit. Their thoughts, their actions, their will, should all tend to cohesion. This cohesion can be maintained only by harmony of temperament and of education. Discordant temperaments and different educations will force a married pair asunder perpetually, and end only in the destruction of the compact made on the very altar of God. The disregard or the want of these elements of cohesive moral force in persons who join in marriage renders their union a mistake, if not a crime. We often see persons, who, although joined with the sincerest intent to fulfil their duty to each other, and with hope of happiness beating high within their bosoms, fall suddenly apart, from incompatibility of temperament or education. This incompatibility will cause attritions and jarrings, which eventually intensify into explosions of bad temper, conducing to separation and crime.

A son, dutiful and amenable in his parents' home, a daughter, a very angel in her father's household, join in wedlock; and the occasion is one of great rejoicing among the parents and friends. Only a few months, and the daughter returns to shed tears on her mother's bosom, whispering sad accusations against her husband. The son returns downcast, with knitted brow, to his parents' home; and, when forced by a doting mother into a confession of his

troubles, he inveighs against his wife. Soothing words and good advice may send them back in better temper, to renew vows of love and promises of better things for the future, but, alas! only a few weeks, — often a few days, — and again each takes the path to the parental home. This time the fault is unpardonable. Affectionate words from a loving and frightened mother, good warnings from a sensible father, fail to soothe. A restlessness takes possession of the young people, which is prognostic of heavier storms. The clouds gather fast. An opportunity, and a blast of passion is in them. All the warnings and loving words are forgotten; hot thoughts are exchanged, an intense look is given to one another, and the discovery is made, — they are strangers. The wife's parents recognize no more the seraph that only chanted notes of innocence within their ears. The husband's parents do not recognize the dutiful, amenable son. Each was good when they were separate: both are bad now that they are united. Is this a difficult problem to solve? No. Had each found a mate homogeneous in temperament and in education (or, in other words, congenial), the union would have been perfect; but this important principle was neglected, the centripetal moral force was wanting, and there they are, asunder: one not comprehending the other; both appearing what they are not, — selfish and ill-intentioned.

HASTY MARRIAGES.

Marriage brought about by a love inspired in the ball-room, in the shady paths of summer retreats, where life's duties and personal requirements are not discussed, or allowed to trespass, should be looked upon with distrust. The ardor of youth, selfish in its intent, will not allow the mind, at such times, to descend for a moment from the lofty pinnacle of love to a prosaic analysis of every-day's affairs, among

which they, nevertheless, must spend their life when they are married. They do not think — they cannot think — that marriage is a contract of "give and take;" and that, as in all contracts, there must be honesty and integrity in the fulfilment as well as in the promise. They themselves would laugh at others entering upon engagements so solemn and so binding on simple protestations of friendship and good faith. They would see to it, that, before they make such solemn vows, each possesses the means to discharge his self-imposed duties to the very letter, not only by words, but by such securities as will insure a true fulfilment, — so important to a continuation of harmony in that partnership where individuality is lost, dualism abandoned, and union sought and achieved.

With our knowledge of human affairs, is it safe to allow two inexperienced beings, young in the ways of the world, to enter into a contract unassisted by the warnings and knowledge of the parents?

But how can the parents act without infringing upon the right of selection, which is a natural privilege of their children?

First of all, encourage the associations of your children with such as bear no great contrast in social status or education. Educate your daughter to take a practical view of life, by enjoining industry and self-reliance. Educate her to be a co-laborer with man, recognizing, that, if she become married, in the fulfilment of the contract she must take a share of the toil as well as the enjoyment; that, while he is toiling for the support of the family, she is not to sit with hands on her lap, wasting her mental capacity on the novels of the day, or the small earnings of her husband in everlasting "shopping." What she can save by her industry and discretion will be equal to the income he brings home. This will secure his respect and his confidence. To her he will unfold his plans, relate his success and his failures;

and hand in hand, in mutual encouragement, they will walk the "long path," through the mysterious avenues of happiness, and generally to the goal of success.

Educate your sons to virtue, and to the habit of regarding woman, not as a fading flower or a divine statuette, but as a noble fellow-creature. And, if he marry, let him know her as a helpmate, who has her rights in the contract Let him be taught that he is not to be the autocrat, and she his serf; but that they are equal, each attending to the department suited to his kind, each department being a part of the whole; that in her he should confide, not only because it is his will, but because it is her right; that the fidelity, interest, and compliance he exacts from her, he should feel she has the right to exact from him; that, before he transgresses, he should think how he would like it should she transgress likewise.

Parents who have boys and girls to rear should take care not to make odious distinctions; and those foolish mothers who dote upon their sons, and allow them privileges not granted to the daughters, raise bad husbands. The boy who has been educated to regard his sister as inferior to himself is not likely to put a greater estimate on a woman when he is wedded to her.

BETROTHAL.

How is harmony of temperament and education, so essential in married life, to be found out before marriage? Certainly not under the present system of betrothal between boys and girls in this country. In the United States, a boy and a girl become "engaged;" then he or she informs the parents, who must acquiesce at once, or create serious disappointment with disapproval. The parents of both are thus often compelled to a consent without having

the slightest knowledge of the true character and education of the parties concerned.

Wise parents should know that their children will eventually want to get married; they should therefore watch with solicitude the accomplishment of this fact. By proper management, they should make the children feel that they do not look with aversion upon this occurrence; on the contrary, they should make them feel that they share this as every other happiness of a beloved child. This will secure the confidence of the young persons, who will admit to their parents their predilections. Thus time will be afforded for proper warnings and advice; and, when there is no absolute reason for opposition, a girl's parents should receive a young man's attentions to their daughter with that dignified acquiescence which will make him not only respectful, but grateful. Invite him to visit your family as a friend of all; show interest in his pursuits; make him feel that you share his aspirations in life's work; that you respect him, and have confidence in his integrity, — and he will become unreserved, communicative, and even confidential; his whole nature will gradually be manifested, and in the interchange of social ideas, family sentiments, &c., these two beings, attractive to one another, will have a fair opportunity of putting the true estimate on each other. Moreover, the parents, who are there not as mere spectators, but as interested parties, will be able to judge of the probability of happiness; and if, in their judgment, there should be incompatibility of temperament or education, they will have time to prevent what might be an irretrievable error. During this acknowledged courtship, there should be, however, no binding engagement.

The prevailing custom in this country, that excludes the parents from the society of young gentlemen who admire their daughters, is erroneous, and prolific of a social evil. It cannot be expected that two young people thus left will

spend much of their time in reflections, or analytical observation of each other's intrinsic character or merit. The subdued, winning ways of a beautiful girl will entrance the susceptible heart of a youth, who, in his turn, hides his own short-comings in the effort to appear what he thinks she must love. These loving creatures are simply dissembling, though, perhaps, with the most honest and amiable motives. Hypocrisy is the art of love, and skill is not wanting when the heart is in a state of effervescence. It is when excitement ceases, after a few months' marriage, that, unconsciously, the mask is allowed to drop, to take a breath. The discovery thus made is pleasing only in inverse proportion to the disguise. Disguise there is always in lovers: the very anxiety to please makes them always put the best foot foremost; the discovery of the cloven-foot is always productive of disappointment and heart-burnings for being deceived while trying to deceive.

As a mask cannot be worn forever, we recommend long engagements, and constant association *en famille*, so as to prevent those periods of rest which enable the dissembler to put on sweet dispositions for the occasion.

A GIRL FIT TO MARRY.

When a man offers himself in marriage, it is expected that he has a trade, a profession, an occupation of some kind, in which he is skilled, in order that he may be able to provide for himself and family.

What is expected of woman?

I have heard mothers say, "Let my daughter enjoy herself while she is single: there is time enough for her to learn cooking and house-keeping after she is married." Now, suppose a young man should go to a college to ask for his diploma, telling the professors that he would take out his

degrees; but the profession he would learn afterwards. Suppose that a young man, while offering his hand to the daughter of the above mother, should say, "Madam, I have enjoyed myself so far; now that I take to myself a wife, I will learn a profession: there is plenty of time after marriage to learn." What would the dame say? Very likely she would stand aghast at the impudence of the fellow; and politeness would not prevent her from telling him that he was not fit to have the care of her child. And yet, when he says, "I am a mechanic, a merchant, a lawyer, or a doctor of medicine," what does she say of her daughter?—probably this: "She is a good girl; she is the idol of our family; she has never worked; she has never known a trouble: see that you make her happy." O good mother! is that your idea of equity? The way you ought to be able to answer is this: "My daughter, too, has a profession; she can keep house; she can sew; she can cook; she knows the market price of comestibles, knows the proportions of groceries to be meted out for a certain number of individuals in a family; can keep a book of expenses; understands the laws of economy, the management of servants, the government of her house. I assure you that the earnings from your toil will be safe in her hands. While you make, she will economize; and, instead of being an expense to you, she will be an assistance. Even if she should not need to labor, she so understands *how* to do that she can direct the service of others. Her pleasures are only secondary to her duties; and while she is refined, educated, and virtuous, she is a good manager, and a pleasant companion."

O mothers! let this be so, and hundreds of bachelors who rove through the miseries of "single blessedness," deterred from marriage by the fear that they cannot support a wife, will take to themselves one of these lovely and industrious women, and regret that they did not find her before.

Whose fault is it that the young men of our days are so afraid of marriage? Whose fault is it if married men cannot encourage bachelors to change their condition? Even from the pulpit we have heard denounced this disinclination of men to marry. We know that this abnormal state of things is prolific of moral vices and social degradation, yet we cannot encourage good men to marry women who are totally ignorant of the duties of a wife: we cannot blame them if they do not want to marry women who drag them from step to step down from the ladder of success.

No woman, were she a queen, should feel above a certain amount of daily work.

It is for the parents to educate their daughters for the profession of housewives. To become an efficient housewife, it needs the early training that a man has to undergo to become a mechanic, a professional man, or a trader. The habit of methodical work is acquired only through early perseverance, never after. Men will more respect a girl who can use a little French on her pastry than one who can only utter French *bons-mots* in the parlor. Her white and flexible hands will lose none of their charms if they are pricked by the industrious needle. A well-fitting dress will attract no less if the nimble fingers of the wearer did the cutting and the sewing.

Raise your daughters to do their work, and the limited incomes of young men will be ample to support a family, and also to save for rainy days. The wife thus employed will have more respect for herself, and will be a good judge of the hardships of her husband. The husband will love the little sprite who lessens his anxieties, and affords him so much comfort. No more dependence upon unwilling or untrusty servants; she can laugh at them, and, when they find that it is so, they will learn that their interest is to work, to economize, and be faithful. The whole household will then be in harmony; the vexations that try one's

temper, the heart-burnings and rejoinders, be replaced by peace, prosperity, and happiness.

Occupation and labor are conducive to health; and, with habits of industry, many of our beautiful but frail girls would have been much finer specimens of womanhood, morally and physically.

HEALTH IN MARRIAGE.

Health is that condition of an animal in which all the parts are sound, well organized; in which they all perform their natural functions without hinderance.

Is this condition made a requisite on the part of the parents before they give their consent to the marriage of their children? Would that it were so! The cattle-breeder carefully inquires into the pedigree of the sire; but the father gives his daughter in marriage to one whose lungs will not carry him ten years, whose skin indicates remote disease, whose puny figure demonstrates an organization vitiated by inherited humors; and, while the cattle-breeder looks with pride on the purity of his stock, the grandfather gazes stolidly at his rickety grandchildren. The marriage of unhealthy persons soon brings forth an offspring that bear the sickly taint of the parents, — sometimes even intensified. How often the physician listens to the mother's lament, who entreats that he may save the only remaining child: she has lost all, and this is her only hope! The physician looks at her and at her husband, and in his own mind exclaims, "No wonder!" Alas! this is too true. One-tenth of the human race die before they reach the age of three. Can this be the intention of the Creator? Can it be accident? What chance can a baby have to live through the scores of little disorders to which it is exposed during that tender age, when its very organi-

zation bears the seed of scrofula or syphilis? Teething, summer-complaint, pneumonia, whooping-cough, catarrh, croup, that fill thousands of untimely graves with the innocents, are cursed by desolate mothers, who, had they or their parents known better, might have avoided a union that compels them now to immolate the life of their children upon the altar of ancient vice. Teething, indeed! How can the little ones who bear marks of the dissoluteness of their forefathers live through any accidental physical irritation? Every day, the knell vibrates the sound of the funeral-march of some one too young, too lovely, for the grave; and yet the marriages that spread destructive elements of disease are celebrated every day, and blessed on the altar of the Almighty!

The great Hahnemann, in his theory of *psora*, has traced almost all chronic diseases, and the tendency to disease, to that latent impurity which the parent bequeaths to his child. Modern philosophers laugh no longer at what was once styled an eccentricity of that great thinker: what the scoffers thought was only a flight of his fervid imagination, men of science now proclaim as truth.

How often do you hear of *tubercles* in our day! When a physician declares a lovely girl to have tubercles on her lungs, the mother's heart is stricken to despair; for she knows that affliction and desolation must follow. These tubercles are an inheritance of the diseases of her forefathers.

O foolish parents! You carefully inquire into the family status, the social pedigree, and financial condition of the candidate for your daughter's hand, why do you not trace his physical pedigree? Are the offspring of your children less to you than the mere accidents of social inheritance, which a day may reverse, a breath of misfortune blow away? Will wealth, will nobility, give strength to your rickety children, or life to your consumptive grand-

child? Better, much better, that your daughter should remain a maiden all her life, better that you should deny her the right of marriage, than that she should entail disease upon her child, and cause you to be an accessory to the crime. In some countries, the baptismal certificate, and the certificate of vaccination, are required by Church and State. You should require, if not a certificate, at least some assurance of health, and a great step will then be taken towards providing for your daughter's happiness in life, as well as towards improving the human race.

MARRIAGE MORALLY AND PHYSICALLY DESIRABLE.

In tracing the functions of each organ, the physiologist learns that the Creator has been governed by a purpose, and has left nothing to chance. The force that impels each organ to act is called a law of Nature, and this law cannot be obstructed without doing violence to the organ thus restrained. One of these laws is that of reproduction, for which are assigned certain organs, with certain functions, to act and exercise at a period called puberty. Puberty is that epoch of life particularly characterized by a rapid development, completeness of organization, and the aptitude to exercise the functions of the sexes in the reproduction of the species. The age at which man and woman arrive at puberty has been treated elsewhere. The development of an organ has relation to its functions: the functions are the objective aim of the creation of the bodily organs, and they cannot be suppressed without doing violence to the whole system. The organs of generation are completed only when the development of the body is sufficient to contribute all the elements for their proper use. When this period has arrived, necessities arise that did not exist before. The boy and the girl, who, only one year

before, played together in the innocent games of childhood, are now man and woman. The freedom that marked all their actions before is now constrained; and deference towards each characterizes the motives of both. Unconscious of any physiological reason, they look at each other timidly, and with an incomprehensible attraction. The young man is impelled to acts of gallantry he never thought of before. While he had always considered her his equal, and would contend with her for the possession of any trifling object, now he is inclined to offer her his protection, and overwhelm her with delicate attentions. He carries her exotic flowers, he studies her inclinations, and quickly complies with her wishes. She is not flurried by these unusual attentions; and although she has never been the recipient of them before, and hardly understands their import now, she acquiesces with dignity, and receives his homage as a right. With a blush of gratified vanity, she thanks him, or with a smile or a look, which are accepted by the young man as a full reward for his *empressement*. They now seek one another, and wait for the appearance with anxious and sweet expectation. The arrival causes a thrill; the sudden, unexpected appearance, a fluttering at the heart, delicious to the senses. Ask them why, they do not know. Wherefore this metamorphosis? Older people would answer, "They have grown up into man and woman." That is conclusive; but what does it mean? It means this: they, having arrived at the age of puberty, are affected by organs that have heretofore remained dormant, the functions of which affect the whole organism, and set up a new moral and physical life. The sex of each has become defined; each stands to the other as Nature has ordered; each feels its power, although reason may not be called upon to explain.

As a guardian of physical welfare, we speak physiologically. The vanity of man shrinks from any affiliation with

the animal: he likes to affect a spiritual essence that places him on the highest degree in the scale of creation. But it is our duty to tell him that he is an animal, nevertheless, governed by laws that even his moral vanity cannot restrain, which, on the other hand, his moral duty commands him to understand and to obey.

Wilful ignorance of the laws that govern the sexes misleads the moralist into an attempt to defeat the very intent of the Creator. He is no less at fault than the conductor of a steam-engine, who would take no cognizance of the fire. As the fire exists, the question is, not how to ignore it, but how to *regulate* it; for its extinction would be a violation of the purpose of the machine. Moralists should be philosophers, else they would be too often at variance, and even in antagonism, with physical laws which are beyond their control. It is useless to enact impracticable regulations; it is criminal to enforce them. The man who attempts it is a Quixote, fighting a windmill. The severe moralist is infringing upon the laws of the highest being, when he preaches abstinence to a hungry man.

All the organs need development, nourishment, and exercise alike; deprive them of any of these, and you do violence to them, and the injury is reflected on the whole system. Nature follows the intent of the Creator; disregard her, and she will have her revenge. It is useless to say, in defence of total abstinence, that thousands have led a life of celibacy without injury to themselves. Thousands of such examples would prove a mere hypocrisy. We will not soil our page by telling how anchorites have dissembled; we shall not relate how virtue is profaned where it is preached. Whether in the convent or the monastery, Nature asserts herself; and the violence that is done her is reflected upon the violator. Where continence is exercised with severity, disease follows. Hysteria, epilepsy, insanity, hypochondria, nymphomania, amenorrhœa, chlorosis, dys-

menorrhœa, leucorrhœa, headaches, backaches, spasms, convulsions, premature decay, hold high carnival among the devotees of celibacy. While chastity and modesty are cardinal virtues, celibacy is an error. It is said, "Nature cares not for moral codes." Rather say, "The voice of Nature preaches true morality." The law that impels her is the exercise of all her functions and senses; hence marriage is a physical necessity and a moral help.

The code that governs woman in the society of man is fearfully severe. While he has his freedom, and gratifies his egotism, without binding himself to marriage, she is held in abeyance to that code. That her organization is like that of man is no argument in her favor. She should not feel, or should dissemble; for civilization has made her the guardian and keeper of virtue. The stronger of the sexes has asserted his freedom; the responsibility he has thrown on the weaker. What if she languishes under this restraint? The moralist will reward her with his approbation. Strange inconsistency, unpardonable injustice! Our declaration will probably offend the stern moralist, who demands acquiescence to his theory; but we speak as a physiologist, and must tell the truth.

When woman's nervous system is disturbed by this self-immolation on the altar of virtue, her hysteria, her headaches, backaches, impatience, debility, ill-temper, do not excite the sympathy of her associates; and yet who deserves it more? The women of the higher class are still more exposed to these disorders than those of the lower; for, while the former hold a higher standard of morality than the latter, their associations and surroundings are more calculated to enhance the senses. Rich diet, rest, warmth, romantic literature, balls, recreations of all sorts, are stimulating elements; while hard physical labor drains the system of vital force, and is a sedative. Pinel says, "What can be done by medical art, which always looks at

human nature independently of social institutions, if the immutable necessities of fecundity and reproduction are perverted? When, therefore, a young marriageable maiden exhibits symptoms of the approach of any disease, she should, if possible, be united to the object of her affections." This treatment has often proved very successful in averting diseases that would have rendered her life one of misery.

Marriage is, therefore, often a necessity; but, while we recommend it, we would urge that woman be sufficiently developed, mentally and physically, before she assumes the prerogatives of a wife, and the duties of a mother. The age at which women arrive at this stage differs, according to climates and temperaments; for while in this country, on account of climate and education, woman reaches a fair state of maturity from the age of eighteen to twenty-two, in the tropical countries, and in Spain, woman is considered fully able to bear the duties of wife or mother at the age of fourteen, and even earlier.

Parents who have the welfare of their daughters at heart should know and feel that there is something more necessary to their health and happiness than riches or family pedigrees; that, while these are important to a certain extent, they should never be an absolute reason for depriving their daughters of the fulfilment of that law which inheres in all humanity. Marriage is a natural necessity, and parents should see that their daughters are so brought up, that their wants are not so exorbitant as to reduce the number of candidates for their hand to a very few. For sensible girls, there are thousands of respectable young men, who would make worthy and congenial husbands. Many of the unhappy spinsters whose nerves are constantly upsetting their equanimity would become healthy matrons, and useful members of society.

In other parts of this book, we have treated ovulation. This process is attended by flows of blood, which congest

and stimulate the sexual organs; therefore at such period all that tends to enhance the senses should be carefully avoided. *Ball-rooms, suppers, wines, rich viands, indolence, sentimental reading,* and all *indulgences that provoke passion,* should be *shunned.* These indulgences lead to that solitary vice so fatal in both sexes. Physicians know that this vice abounds among a class that is least suspected; and we hope we do not outrage public opinion when we state that it occurs more often among those who apparently maintain the most scrupulous and religious regard for modesty and virtue than among others. These creatures, who thus sacrifice themselves to their idea of rectitude, cannot restrain their natural propensities any more than the libertine; and marriage is the only means that physicians can suggest for the welfare of all.

We plead particularly for woman, to whom we must do homage for her well-known virtues and self-government; while man rarely hesitates to break every barrier between himself and the object of his gratification.

PART VI.

DIETETIC RULES.

FOOD.

FOOD is required, not only to supply material for the growth of the body, but also to restore the wear and tear the body undergoes through muscular and mental action. A muscle, like a rope, suffers a certain degree of wear whenever it is subjected to action; and it would soon be consumed, like a rope, should not its wear and tear be constantly replaced by new material. The brain, the seat of the intellectual faculties and nervous power, undergoes a similar wear under the action of thought and nervous manifestation: this loss would greatly impair its power, should it not be made up by nerve- and brain-making material.

The temperature of the body, which is constantly at 98°, although the surrounding atmosphere may be below zero, is maintained by carbonaceous food, the carbon of which goes to the lungs to undergo combustion by means of the oxygen of the air; the consequence of which process is the heat required. This temperature of 98° is kept up by a supply of carbon in proportion to its need; should this not be done, we should suffer from cold when deprived of it, and be overcome by heat when supplied beyond our need. Nature, to protect our body from either excess, has caused deposits of fat to remain in the body, to be absorbed for heat in case of lack of carbonaceous food; and given us sudoriferous glands, through which the body can be cooled by evaporation and perspiration in case we should take more carbonaceous food than is needed.

The want of material to maintain the muscular system in its integrity causes the sensation of *hunger*. The want of material to supply the loss of the brain causes a *sluggishness of mental and nervous power*.

The want of material to supply the lungs with fuel causes a sensation of *cold*. The want of fluid to supply the loss of water in the body causes a sensation of *thirst*.

The blacksmith who hammers his iron, the carpenter who planes his board, uses muscle almost exclusively. Some of the muscle is constantly consumed and eliminated by perspiration and urination. Should they continue their muscular labor without resting to repair the loss by a hearty meal of muscle-making material, they would soon, exhausted, fall to the earth.

The student in his cell, consuming brain-element in the solution of mental problems, while the muscles are in a state of quiescence, would soon become insane or idiotic, should he not rest to repair the loss by a meal of brain- and nerve-making material.

A walker, consuming muscular element, and throwing off a great deal of water in perspiration, would soon become as stiff as a board, should he not rest to eat, and to drink water, to maintain the suppleness of his muscles.

Although it is not my purpose to write scientific essays, for the object of this volume is to assist practical mothers, who have neither time nor opportunity to make philosophical studies, I state these facts, as they may enable them to make the proper choice of food for their children.

If man, in the exercise of his physical or mental strength, needs a supply adequate to the loss, the child will need a supply adequate to its growth. Besides, a child may be deficient in muscle, and precocious mentally; he may be lean, grow slowly, and yet show a high degree of mental activity. *Vice versâ*, his muscular system may show a great development, and his mind very little power: in this

case, the child may be very fleshy, well developed, but stupid. A rickety child lacks bony matter, as is evinced by its inability to walk, and by the curving of its limbs when it stands. Again: a child who has no brain-work to do, and spends its time in running and jumping, will require muscle-making material; while one at school, deeply engaged in its studies, will require a constant supply of brain-making aliment.

In providing food for the young, therefore, the above suggestions should be borne in mind, so as to be able, as far as possible, to supply the proper proportions of the elements required. In cases where the system appears properly balanced, a diversity of articles can be taken at a meal to supply a reasonable quantity of the elements without disturbing the equilibrium. The appetite, which is the language of our need, is rightly satisfied only when just enough of each element has been taken to supply the need. If a person needs carbonates, he may eat nitrates in great quantity, and yet not feel satisfied; and so, *vice versâ*, one needing nitrates would not feel his appetite satisfied by eating carbonates in even an excessive quantity. One element over another will only serve to cause indigestion, which is the stepping-stone to dyspepsia. Ten ounces of carbonates, two and a half of nitrates, one of phosphates, will supply the food necessary to a person in a normal state for twelve hours.

The following table, culled from Dr. Bellows's invaluable book on the "Philosophy of Eating," will show the proportions of the different elements contained in articles of food in general use: —

Vegetable Food.	NITRATES. Muscle-making.	CARBONATES. Heat-making.	PHOSPHATES. Brain- and Bone-making.	WATER. Waste
Wheat	15.	69.	1.6	14.
Barley	17.	69.	3.5	14.
Oats	17.	66.	3.	13.
Northern Corn	12.	73.	1.	14.
Southern Corn	35.	45.	4.	14
Buckwheat	8.	75.	1.8	14
Rye	13.	71.	1.7	13
Beans	24.	57.	3.5	14.
Peas	23.	60.	2.5	14.
Rice	6.	79.	.5	13.
Potatoes	1.	22.	.9	75.
Sweet Potatoes	1.	26.	2.9	67.
Apples	5.	10.	1.	84.
Milk of Cow	5.	8.	1.	86.
Human Milk	3.	7.	.5	89.
Animal Food.				
Veal	16.	16.	4.5	62.
Beef	15.	30.	5.	50.
Lamb	11.	35.	3.5	50.
Mutton	12.	40.	3.5	44.
Pork	10.	50.	1.5	38.
Chicken	20.	35.	4.	73.
Eggs, white of	15.	none.	4.	80.
" yolk of	17.	28.	5.	54.
Butter		all carbonates.		

Arrow-root, tapioca, sago, are starchy substances, which become converted into sugar in the process of digestion, and the sugar into heat-making food.

All fats, butter, sugar, and *flour deprived of the bran,* are *heat*-producers.

Parsnips, turnips, carrots, beets, cabbage, onions, cucumbers, contain such a large excess of water, that they are of no use, except to relax the bowels, unless united with other food.

Fish contains an excess of *phosphates,* viz., *brain-* and *bone*-making material, no heating, and a very slight proportion of muscle-making material.

All *green vegetables* and *fruits* contain water in excess.

All food containing much water relaxes the bowels, and is useful for that purpose when united with other food.

From this table, we infer that a *precocious* child should not be fed on *fish,* or such articles as abound in *phosphates.* But a child at school, and consuming brain-material, would require fish; and if, besides, the child is lacking in muscular development, *barley, oats, beef,* &c.

If a child is lean, cold, and puny, he may require *nitrates* and *carbonates;* such as *butter, sugar, fats, fat beef, rye, corn, buckwheat, oats, barley,* &c.

For a child in good condition, proper proportions of all the elements should be maintained in his diet, such as *beef and potatoes,* &c.

If an article abounds in *nitrates* and *carbonates,* another abounding in *phosphates* should be added to his diet.

In a very cold day, when the child is to go out, buckwheat cakes and molasses would be an excellent preparatory diet, while it would be a very improper one in a hot summer day.

For a child who plays games, or runs, *nitrates* and *carbonates* would be required to keep him in strength and heat, — *butter, starch, corn.* &c.

These facts can, by intelligent study of your children, and careful thought in applying the consequent rules to their cases, be made very useful. We cannot, of course, do more than to suggest the mode of such application, as we have done above

DIET UNDER MEDICAL TREATMENT.

The tabulated forms given below contain general directions for diet while under homœopathic treatment. This is intended for chronic diseases especially, as, in the majority of acute diseases, a special diet must be prescribed by the physician.

BEVERAGES.

ALLOWED.	FORBIDDEN
Pure water; toast-water; gum-arabic water; water sweetened with sugar, or mixed with currant jelly; raspberry or strawberry syrup; decoctions of barley, malt, oat-meal, rice, dried fruit; cocoa boiled with milk or water; pure plain chocolate; weak black tea.	Coffee, green tea, all spirituous liquors, cordials, all mineral waters, meal, spruce beer, porter, ale, vinegar, wine, acids. Vinegar is often a noxious compound of *sulphuric acid*. If used at all, it should be *cider* or *wine vinegar*.

SOUP OR MEAT-BROTHS.

ALLOWED.	FORBIDDEN.
Broth made from the lean of beef, chicken (not young), veal, mutton (seasoned only with salt, and thickened with arrow-root), salep, sago, tapioca, farina, vermicelli, maccaroni, rice, semolina, carrots, green peas, pearl-barley, and other farinaceous articles.	All highly-seasoned soups, gravy-soup, ox-tail, turtle, mock-turtle, giblet, and all soups prepared with pepper or other spices. *Young chicken and egg-soup should be particularly avoided in diarrhœa and dysentery.*

MEATS.

ALLOWED.

Meat is most wholesome when broiled. The lean of rump-steak, the lean and pith of the loin and neck of mutton. Beef, mutton, pigeons, rabbits (broiled preferred), are better than any kind of poultry, although plain roasted chickens, lean turkey, guinea-fowls, pheasants, partridges, plovers, quails, may be eaten by persons of the most delicate digestion.

Ham, tongue, and venison, rarely, and in moderation.

FORBIDDEN.

The fat of all meats; greasy meats, such as pork, duck, goose, fatted turkey (particularly in dyspepsia).

All young and white meats, such as veal, lamb, pork, &c.

All salted and preserved meats, such as sausages, mince-meat, salted pork, bacon, &c.

Wild duck, goose, black-cock, snipe, woodcock, are to be avoided.

FISH.

ALLOWED.

Fresh fish having scales, soles, whiting, turbot, brill, codfish, haddock, mullet, trout, smelts, bait, perch, flounders. Boiled fish in preference to fried.

Oysters, raw, stewed, or in soup, in moderation, and without cayenne or black pepper.

FORBIDDEN.

All shell-fish, such as lobster, crab, oyster (fried), *particularly in cutaneous affections.*

All fish of oily nature, such as salmon, herrings, mackerel; smoked or salt fish.

White fish is *inadmissible in diseases of the kidneys.*

Fish without scales, such as eels, frogs, &c.

VEGETABLES.

ALLOWED.

All farinaceous articles, potatoes (except new potatoes to persons suffering from *diarrhœa;* in young children avoid them altogether), carrots, turnips, French beans, peas, cauliflowers, spinach,

FORBIDDEN.

All vegetables which possess aromatic or medicinal principle, such as parsley, herbs, mint, eschalots, sage, garlic, onions, mushrooms.

Cucumbers, celery, radishes,

ALLOWED.	FORBIDDEN.
parsnips (sparingly), sea-kale, lettuce, tomatoes (plain), beets, hominy. *In diarrhœa*, avoid vegetables as much as possible, particularly potatoes, green peas, beans, cabages.	horse-radish, leeks, thyme, asparagus. All pickles and raw vegetables greened with copper.

FRUITS.

ALLOWED.	FORBIDDEN.
Fruits, ripe and in their proper seasons; strawberries, raspberries, currants, grapes, apples, peaches, nectarines, boiled chestnuts, stewed prunes, plain preserved fruits, oranges and figs in moderation. Indigenous fruits preferable to imported ones.	All oily fruits, as nuts, olives, almonds, walnuts, &c., raisins, dry prunes, dried apples, acid fruits, lemon, orange-peel, laurel-leaves, peach leaves or kernel, fennel, anise, cloves, vanilla, nutmeg, saffron, mustard.

MISCELLANEOUS.

ALLOWED.	FORBIDDEN.
Eggs. Milk, after having been drawn for a few hours, preferable to cream. Fresh butter, fresh cheese (except in dyspepsia). Sugar and molasses (moderately). Stale bread, or biscuit *free* from pearlash, soda, saleratus, or any *chemical* compound now in vogue for the purpose of making it white, spongy, and quickly. Simple cakes made of flour, meal, eggs, and a little butter. Light puddings, as bread, rice, sago, semolina, and tapioca. Calf's-foot jelly, without wine.	Milk just drawn, sour milk, rancid or salt butter, old or strong cheese. Sugar and molasses in *diabetes*. *All colored sugar prepared by confectioners.* Hot bread, new-baked bread, bread containing saleratus, &c. Cakes or pastry prepared with much butter, lard, honey, ginger, or any aroma. Fat and aromatic puddings, with wine, spices, or rich sauces. Mince-pie. Ice cream, or ices of any kind, *immediately after dinner*, will deprive the stomach of much heat necessary to digestion.

CAUTIONS AND REGIMEN

Do not resort to any other medicines while using homœopathic remedies.

Do not use the same spoon for two different remedies.

All perfumery and strongly-scented flowers must be banished from the bedroom. Keep bedroom clean and well ventilated.

Use no rocking-chairs, as the movement hinders the cure of diseases of the abdomen, particularly in women.

In chest-diseases, wear flannel or silk next the skin.

In chronic diarrhœa, wear a girdle of flannel around the abdomen.

In rheumatic or neuralgic complaints, silk is better for under-garments than flannel or merino.

Wear no patent-leather or india-rubber shoes: they prevent evaporation

Hoops are tolerated by physicians, because, inasmuch as women *will* wear a certain amount of clothing to obtain a certain degree of circumference, the hoop answers this purpose, and relieves the hip of a great weight.

Sponge-baths, sitz-baths, and bathing generally, are conducive to health; not so, however, with the shower and douche baths, which should not be used without permission of the physician.

Eat at regular hours, and moderately, not in a hurry, and with a mind free from care or occupation; else much of the nervous fluid required for the functions of the digestive organs is burned up in the brain, and digestion becomes slow and imperfect.

In regard to those articles to which the patient has been accustomed, or such as would agree with some patients through certain peculiarity of constitution, while they would not agree with others, the physician must be consulted.

PART VII.

CASUALTIES.

CASUALTIES.

FALLS AND BLOWS

FALLS and blows may cause *contusions*, or *bruises*, *concussion* of the brain, and fractures of bones.

In very young children, fractures of the long bones are almost impossible; for the animal matter predominates so much over the earthy, in their composition, that they are very elastic. The semi-flat bones of the skull, however, may be fractured, from their very shape.

Children who fall are more generally liable to severe bruises; but, if they fall upon their heads, they are liable to concussion of the brain, which may put their life in imminent peril.

CONTUSIONS AND BRUISES

Indicate that the injured part has been internally lacerated, while the outer skin has *remained unbroken*.

They are caused by a direct blow from a hard, blunt body, and by falls.

At first, they become red, from extravasation of blood under the skin; then they change to a purplish-red and greenish-brown, as the blood becomes decomposed before it is absorbed again.

These contusions, or bruises, in healthy subjects, heal with considerable rapidity, without leaving marks of the injury.

TREATMENT.

Cold applications to the injured part will be of great service in preventing an inflammation, and in inducing quick absorption of the extravasated blood.

Arnica and water, in proportion of *one to ten*, applied to the injured parts, is almost an acknowledged infallibility.

A contusion, that, after a few days, shows a disposition to disorganize the parts, suppurate, or slough, should be dressed with a warm flax-seed-meal poultice, until the pus and slough fall off; when **Calendula** and water, of the strength of *one to ten*, should be applied *three or four times a day* to induce granulation and cicatrization.

Arnica (*3d dilution*) should be given internally when the fall or injury is considerable.

Arsenicum or **Carbo Vegetabilis** (*30th dilution*) should be given *three or four times a day* when these injuries show a disposition to ulcerate and slough.

CONCUSSION AND COMPRESSION.

A fall from a height, a violent blow upon the head, may cause a jar upon the brain called "*concussion;*" and the severity of the blow may also cause an extravasation of blood within the brain, a compression of the bone, or the introduction of a foreign body, which will press on the brain, and cause what is technically called "*compression.*"

It is of the greatest importance to understand the symptoms that distinguish these two classes; for while in the former the danger may only be remote, in the latter it is imminent, and requires the immediate presence of a skilful surgeon.

Prof. Gross gives the following diagnostic characters:—

Concussion.	**Compression.**
1. The symptoms are *immediate*, coming on *instantly* after the infliction of the injury.	1. *An interval of a few minutes*, or even of a quarter of an hour, sometimes elapses, especially if the compression be caused by extravasation of blood.
2. The patient is *able to answer questions*, although with difficulty.	2. The power of speech is totally *abolished.*
3. Special sensation is still *going* on: the patient can hear, see, smell, taste, and feel.	3. Special sensation is *destroyed.*
4. The respiration is feeble, imperfect, and *noiseless.*	4. The respiration is slow, labored, *noisy*, like snoring.
5. The pulse is weak, tremulous, intermittent, and *very frequent.*	5. The pulse is very *slow* and irregular.
6. There is *nausea*, and sometimes vomiting.	6. Stomach *quiet*, almost insensible to emetics.
7. The bowels are *relaxed*, and there are even involuntary operations.	7. The bowels are very *torpid*, and unaffected even by cathartics.
8. The power of deglutition is *impaired*, but not abolished.	8. Deglutition is *impossible*, and may not return for several days.
9. The bladder has the *power to retain* its contents; but often the urine *passes off involuntarily.*	9. The bladder is *paralyzed*, and therefore incapable of relieving itself; the surgeon being obliged to use the catheter.
10. The voluntary muscles, although much weakened, are still *able* to *contract.*	10. The muscles are *paralyzed*, and generally those on the *side opposite* to the injury.
11. The pupils of the eye are usually *contracted*, and somewhat sensible to light: the lids are *movable.*	11. The pupils are widely *dilated*, and unaffected by light; the lids being closed and *immovable.*
12. The mind is in a state of abeyance: it is *weak and confused*, not abolished.	12. The mind is *absent*, and the patient is *comatose.*

The above symptoms show that an injury to the brain is serious in the extreme.

Whenever, after a fall, a child lies listless, or sleeps so

heavily that he can hardly be awakened; is cold, faint, or trembling; has hiccough, nausea, or vomiting; his pulse is small and fluttering, — you may be sure that his brain has received such a shock as would require the attendance of a surgeon without delay. Children recover from terrible falls, yet the above symptoms should arouse the apprehension of the parents to a degree that the utmost solicitude should be exercised in procuring medical assistance.

That no precious time should be lost, the attendants should apply *cold lotions* to the head; and nothing is better than **Arnica and Water** (as mentioned in "Contusions"). If the child is faint or cold, a little *stimulant* may be given, — a few drops of brandy or whiskey, a little wine, in some water. The **Salts of Ammonia** may be applied to his nostrils until revived.

The child should be allowed to remain perfectly quiet. No attempt should be made to keep him awake on the vulgar supposition that sleep is fatal.

BURNS AND SCALDS.

The danger of burns and scalds increases in proportion to the extent of the surface they affect, and according to the localities in which they occur. Thus, while a burn of the size of a silver dollar need not cause serious apprehensions, one of the size of an ordinary plate will almost surely result in death. The burn on a leg or an arm, although severe, may not threaten life; but one over the region of the abdomen, heart, lungs, liver, bladder, or head, is generally attended by the most alarming consequences.

Children and very old persons are in greater danger than people of a medium age. Burns of any considerable size give a shock to the nervous system, from which very young and old people seldom recover.

Here we will only give the treatment for *simple burns or scalds*, by which we mean burns of a *very limited extent;* as those occupying a large surface require the immediate presence of the physician.

Of many methods to heal a burn rapidly, we have found that suggested by Prof. Hill very efficient, and ready at hand: "*Mix a little* **Rum** *and* **Molasses** *intimately together, saturate with it raw cotton or Canton flannel, apply it cold, and cover the whole so that the air cannot reach the burn.*" A very good application is also a *mixture of* **Flour, Castile-Soap,** and **Slippery-Elm.**

Every nurse has some method of her own for burns; but the great principle to be observed in the treatment is *to shield the burned surface from the air;* the air being the agent that excites inflammation.

Should nothing but **Castile-Soap** be at hand, make a *thick lather* with it, and with a *shaving-brush spread it carefully over the burn;* as it dries, give another coating, and so on another, until it has made a perfect shield over it; place over this some strips of linen, so as to keep it safe from accidental displacement. This will excite a little pain at first; but the pain will soon subside, and finally pass away.

The *slippery-elm poultice* is a very safe protector; and, to render it still more healing, a little tincture of **Urtica Urens,** slightly diluted in warm water, may be mixed with it.

In a case where two or three fingers have been burned or scalded, care should be taken that each one be *dressed separately,* else they might adhere, and cause a horrible *deformity.* Whenever the *burns are over a joint,* attention should be paid that the tendons do not become contracted; hence a *splint* should be applied, and a certain *motion practised every day,* for fear of stiffening of the joint.

In scalds, the *blisters* that form should be punctured with a *fine gold pin,* and, when the fluid is let out, treat them like burns.

Large openings should never be made, and the raised skin should not be taken off from scald-blisters; for that skin serves as a protection to the inflamed surface underneath.

The immersion of a burn or scald in hot or cold water would better be avoided, although each method has its advocates. The dressings as above stated are certainly the safest.

CUTS.

A cut is the severance of a tissue, caused by a sharp-edged instrument. This may be very superficial, or very deep, and it may sever an artery in two. In the latter case, the bleeding is not only profuse, but will be in *jets;* and the blood be of a *very bright red.* When a cut bleeds profusely, but in a *continuous* stream, and the blood that flows is of a *deep red,* we may be sure that the blood is *venous,* from the veins, and the bleeding not dangerous, unless a large vein has been divided.

When the blood *spurts out by jets,* and is of a very *bright red,* showing that an artery has been wounded, put on a ligature, or cause pressure, *between the wound and the heart:* on the contrary, when the bleeding is venous, that is, when it flows in a *continuous manner,* and is of a *deep red,* put the ligature or pressure on the other side of the wound; that is, *between the wound and the extremity of the limb or part.*

In *superficial cuts,* or *incised wounds,* when only the *capillaries* are severed, cold applications may be sufficient to arrest the bleeding. The limb should be elevated, so as to favor the return of blood to the heart.

If the bleeding is severe, and is not arrested by cold applications, compression should be used, as described above with regard to wounded arteries or veins.

When an artery has been severed, and the bleeding flows by jets, in a dangerous degree, the attendants should feel for pulsation above the cut, and over the place so found place a roller, and press it with a tight bandage until the bleeding stops.

If the wound is on an arm or hand, the pulsation of the artery may easily be felt in the upper part of the arm, in the neighborhood of the arm-pit.

If the wound is on a leg or a foot, the pulsation of the femoral artery will be felt in the upper part of the femur, or thigh, in front, just below the bone of the basin, on a line with the genital organs. The roller should be placed on it, and tightly bandaged, until the flow of jets is stopped.

The artery being thus secured, so as to prevent a fatal hemorrhage, a surgeon should be called in.

If a roller is not at hand, a large knot may be made with a handkerchief; place the knot over the pulsating artery, and the handkerchief around the limb; then twist it, with a stick passed through the loop, until the bleeding is stopped.

Should the attendants not be able to find the pulsation or the locality of those arteries, they may cause the compression, in the manner above described, *directly ove. the wound.*

A clean cut is always productive of an easy flow of blood.

TREATMENT.

After the arrest of hemorrhage, all dirt, pieces of glass, stones, or coagulated blood, should be carefully removed; then the earliest coaptation, or bringing-together of the divided parts, should be insured. If this is done rightly, and shortly after the wound has occurred, the two parts will knit together with hardly any inflammation. This is what the surgeons call "union by first intention." But if the edges of the wound are not put in perfect coaptation, or foreign substances are allowed to remain within, inflammation

and suppuration will follow, and healing come by a much longer and more troublesome process.

To attain this object in limited wounds, or in wounds where the muscles do not contract so much or in such a manner as to leave them gaping, any of the well-known plasters, such as *adhesive-plaster, court-plaster, arnica-plaster,* or *calendula plasters,* should be so applied as to keep the surfaces in perfect coaptation.

In extensive wounds, and in wounds where the muscles contract in direct or indirect manner from the wound, so as to prevent the maintenance of perfect union by plasters, a stitch, or several stitches, should be placed in such positions as to secure that end.

If *saddlers' silk* is not at hand, *ordinary sewing-silk, twisted twice,* and *well waxed,* may fulfil any ordinary purpose. After the stitches have been applied, the wound should be covered with any of the above plasters, or coated over with **Collodion,** so as to prevent the atmospheric air from inducing inflammation.

PUNCTURES

A punctured wound is made by a sharp-pointed instrument, and may be superficial or deep, according to the length of the instrument, or the force used in driving it into the body. Such wounds, particularly when deep, are *very painful,* from the fact, probably, that a nerve has been pricked.

They are generally not dangerous unless they enter the cavity of the *abdomen, lungs, heart, brain, or other noble organs.*

The bleeding is generally very scanty, and the injury does not appear proportionate to the pain. Although the majority of these wounds heal very readily, yet it occurs that when a nerve has been severely bruised, after a few days **Tetanus** or **Lock-Jaw** may suddenly set in. Punctured

wounds in the palm of the hand or sole of the foot are more liable to take up inflammation, and create great nervous disturbance and lock-jaw.

TREATMENT.

Extract all foreign bodies from the wound, and wash it clean; stop the hemorrhage, if there is any, by cold applications. Should the wound be very painful, and take up inflammation, apply to a surgeon without delay.

In wounds of the abdomen and chest, the surgeon should be immediately called in.

The application of **Arnica, Calendula,** or **Ledum,** as mentioned in other wounds, may be useful.

If inflammation ensues, with much pain and tension, a poultice of **Slippery Elm** or **Ground Flax-Seed,** *moistened with* **Calendula-Water,** should be applied. — *Franklin.*

STINGS OF INSECTS.

The *mosquito, bedbug, spider, wasp, bee, hornet,* &c., may give such stings as would cause a great deal of irritation and inflammation. Scrofulous subjects are sometimes seriously affected by a sting. A sting on the eye, in the mouth, or throat, may prove of a very serious nature. Some insects, like the scorpion and the tarantula, are poisonous in the extreme; and even death has followed in consequence of their sting.

TREATMENT.

Ammonia and **Camphor** seem to be good antidotes to the poison of insects. Either of those should be applied to the wound as early as possible. Prof. Franklin adds to the above **Lemon-Juice** or **Olive-Oil.** Drs. Hill and Hunt apply with success a slice of **Raw Onion** to the part, the onion to be *changed every fifteen or twenty minutes.*

Dr. Teste suggests **Ledum** (15th dilution) as an internal remedy.

If the local inflammation runs high, and spreads, so as to show a disposition to erysipelas, **Aconite** and **Belladonna** should be given alternately every hour or two. **Rhus Toxicodendron** should replace *Belladonna* if the erysipelatous inflammation shows a disposition to blister. **Cantharis** is another good remedy in blistering erysipelas.

DROWNING.

Dr. Marshall Hall's method to revive an asphyxiated person: —

1st. Treat the patient *instantly, on the spot,* in the *open air,* freely exposing the face, neck, and chest to the breeze, except in severe weather.

2d. In order *to clear the throat,* place the patient gently on the face, with one wrist under the forehead, that all fluid, and the tongue itself, may fall forward, and the entrance into the windpipe be free.

3d. *To excite respiration,* turn the patient slightly on his side, and apply some irritating or stimulant agent to the nostrils, **dilute Ammonia, Camphor,** &c.

4th. Make the face warm by brisk friction; then dash cold water on it.

5th. If not successful, lose no time, but, to *imitate respiration,* place the patient on his face, and turn the body gently, but completely, *on the side, and a little beyond;* then again on the face; and so on, alternately. Repeat these movements, deliberately and perseveringly, *fifteen times* only *in a minute.*

When the patient lies on the chest, this cavity is *compressed* by the weight of the body, and *ex*piration takes place; when he is turned on the side, this pressure is removed, and *in*spiration occurs.

6th. When the prone position is resumed, make a uniform and efficient pressure *along the spine*, removing the pressure immediately before rotation on the side. The pressure augments the *ex*piration, the rotation commences *in*spiration. Continue these measures.

7th. Rub the limbs *upward*, with *firm pressure*, and with *energy;* the object being to aid the return of the venous blood to the heart.

8th. Substitute for the patient's wet clothing, if possible, such other covering as can be instantly procured, each bystander supplying a shawl, a coat, &c. Meantime, and from time to time, to *excite inspiration*, let the surface of the body be *slapped* briskly with the hand.

9th. Rub the body briskly till it is dry and warm, then dash *cold* water upon it, and repeat the rubbing.

Avoid the immediate removal of the patient, as it involves a *dangerous loss of time;* also the use of bellows, or any forcing *instrument;* also the *warm bath;* and all *rough treatment.*

People have been brought to life who had been immersed in water from fifteen to forty-five minutes.

SUFFOCATION CAUSED BY GAS.

Remove the patient into the fresh air, and cause him to inhale stimulants, like **Vinegar, Salts of Ammonia,** &c. If the patient is apparently breathless, apply rules No. **5, 6, 7,**

of Dr. Marshall Hall's treatment for drowning. Dash cold water on the face, and, if a boy, on the genitals; rub dry; then dash cold and warm water alternately on his spine, and rub dry again.

A galvanic battery, if at hand, should be applied, — one pole to the back of the upper vertebræ of the neck, the other to the heart.

CHOKING.

A substance, a piece of meat or some other, may wedge itself in the pharynx, or upper part of the gullet, threatening immediate suffocation.

Extract the article, if possible; if too far down, or if of a substance of harmless nature, push it down with the index-finger, or with the blunted end of an india-rubber knitting-needle, or a whalebone, or any thing blunt and elastic that may accomplish the purpose. As these things may pass by the obstruction without pushing down, tie to the end of the needle or whalebone a small piece of sponge well oiled, and then force it down.

If the patient breathes, tickle his palate, or give a little mustard and water, and make him vomit. If he cannot swallow, a little **Extract of Lobelia** *held in the mouth* will induce vomiting very quickly.

"When suffocation seems to have taken place, remove all tight clothing from around the neck and body, put the head and neck high, and give an injection through the *rectum* of a **pint of Water** containing a **drop of Opium.** Rub the limbs *upwards* briskly, and apply heat to the feet." — *Marcy & Hunt.*

PART VIII.

POISONS.

DOMESTIC TREATMENT OF POISONING.

In all cases of poisoning, vomiting should be induced without delay with the means ready at hand; e.g., thrusting the index-finger down the throat, tickling the throat with a feather, drinking large draughts of warm water, putting snuff mixed with salt on the tongue, injecting tobacco-smoke into the rectum. If these means fail, then select from the following list the proper emetic.

EMETICS.

Ipecac. From 15 to 30 grains in warm water; 3 to 5 grains in young children.

Lobelia (*Indian Tobacco*). From 5 to 20 grains in warm water; 2 to 5 grains in young children.

Sanguinaria (*Blood-root*). From 10 to 20 grains. Sanguinaria is slightly *narcotic;* 2 to 5 grains in young children.

Mustard in powder is a *stimulating* emetic; good in *narcotic* poisons.

Tartar-Emetic. From 2 to 3 grains in warm water; 1 grain in young children. This drug should be used only in extraordinary cases, as it disturbs the system too much. *Ipecac* is preferable to *tartar-emetic* in *narcotic* poisons.

Sulphate of Zinc. Prompt and powerful emetic, *causing but little nausea*, chiefly used in *narcotic* poisons. Medium dose, 10 grains; in *narcotic* poisons from 20 to 30 grains. From 2 to 5 grains in young children.

Sulphate of Copper. Still more powerful; used in *narcotic* poisons. Medium dose from 2 to 3 grains; in *narcotic* poisons from 5 to 15 grains. There is danger of causing inflammation of the stomach by an overdose. From one-half to one grain in young children.

GENERAL ANTIDOTES.

Coffee. Strong black coffee against all *narcotic* poisons, such as *Opium* and its preparations; *Morphine, Laudanum, Paregoric*, &c.; *Nux-vomica; Strychnine; Stramonium; Sumach; Bitter Almonds; Prussic Acid; Belladonna; Colocynth; Valerian; Hemlock; Cicuta; Antimony; Phosphorus; Phosphoric Acid.* Drowsiness; intoxication; loss of conciousness; delirium.

Camphor. Against *vegetable* poisons, especially the *corrosives*, such as *Croton-Oil*, &c., and whenever they cause *vomiting, diarrhœa, pale face, coldness of the extremities, loss of consciousness.* Against venomous *insects*, as the *Spanish fly*, the *wasp*, the *bee*, the *hornet*, the *centipede*, the *scorpion*, the *tarantula*, &c. Against all *vermifuges; tobacco, bitter almonds;* all fruits containing *Prussic acid, acids, salts, metals, phosphorus, mushrooms.*

Liquor Ammonia (*Hartshorn*). Against all *narcotic* poisons, and the *bites of serpents, dogs*, &c.

Olive Oil. Good against the effects of *corrosive acids*, but *injurious* as against the bad effect of *venomous insects.*

Soaps, and the White of Egg. Of soap dissolved, one teacupful every two or three minutes against *metallic poisons*, such as *Arsenic, Lead, Copper*, &c.; efficacious against *corrosive acids*, as *Nitric, Sulphuric*, &c. Also against *Alum*, the *corrosive sap of plants, Castor-Oil*, &c. The white of an egg, uncooked, every ten minutes. *Injurious* against *alkaline* poisons, as *Lixivium* (lye), *Potassa, Soda, Oil of Tartar, Muriate of Ammonia, Sub-carbonate of Ammonia, slacklime, quicklime, Baryta.*

Sugar (*eau sucrée*). Efficacious in poisoning by *colors, Verdigris, Copper, and its preparations; Alum*, &c. Also against *corrosive juices.* **White of Egg** or **Soap-Suds** may be administered afterwards.

Vinegar. Against *alkaline* substances (vinegar must be made from wine or beer). *Very injurious* as against *mineral acids, corrosive sap, Arsenic*, and *many salts.* Useful against *narcotic* substances, *Aconite, Opium, Mushrooms, Stramonium, Hepar sulphuris, poisonous fish, acids.*

SPECIFIC POISONS,

THEIR ANTIDOTES, TREATMENT, AND TESTS.

Culled from Dr. Waring's Treatise on "Poisons, their Antidotes and Treatment":—

Arsenic. SYMPTOMS. — *Violent burning in the stomach* and bowels; tenderness; retching; vomiting; dryness and tightness of the throat; *unquenchable thirst;* hoarseness; difficulty of speech; diarrhœa, with yellowish, greenish, *bloody stool; tenesmus;* burning pain in the bladder; difficult emission of urine; convulsions; cramps; cold clammy

sweat; livid and collapsed countenance; eyes red and sparkling; delirium; death.

TREATMENT. — Apply stomach-pump if at hand; if not, give **Sulphate of Zinc,** from 20 *to* 30 *grains, in water, to an adult, from* 5 *to* 20 *to a child,* to induce vomiting. Follow up the emetic with **Hydrated Peroxide of Iron,** diffused through water, or the **Carbonate of Iron,** or **Iron Rust** in fine powder, every five or ten minutes until relieved. Give the preparations of iron, even if the patient has not vomited, or an emetic is not at hand.

Fowler's Solution of Arsenic. — For this preparation, *Lime-water* should be given in copious draughts.

Iodide of Arsenic. — Solution of starch.

For other preparations of Arsenic. — Emetics, diluents, demulcents. Counter irritation may be used to allay the spasm and violent pain in the stomach.

TEST for *arsenic* should be made by a chemist.

Corrosive Sublimate, *and other preparations of Mercury.* SYMPTOMS. — Harsh *metallic,* astringent taste, burning pain in the stomach, *vomiting and purging of bloody matter;* sometimes irritation of the urinary organs, or suppression of urine; breathing quick and catching; burning and tightness of the throat as to prevent speech; face generally flushed, with swollen and sparkling eyes; later, livid face, stupor, convulsions, and death.

ANTIDOTES. — *Albumen; the white of egg;* milk; wheaten-flour beaten up in water. *Animal charcoal.* The white of one egg will counteract the effect of four grains of **Corrosive Sublimate.**

TESTS. — Liquor potassæ gives a *yellow precipitate;* ammonia, a *white* one; lime-water, an *orange* one. If a drop of the solution of *Mercury* be placed on a piece of gold, and be touched with a knife or an iron key, the Mercury will amalgamate with the gold, and produce a *white* spot.

Copper *and its compounds; artificial Verdigris; food cooked in dirty copper vessels; pickles made green by copper.* SYMPTOMS. — Similar to Arsenic and Mercury. *Violent abdominal pains;* coppery evacuations; convulsions, palsy of the limbs, tetanus. A very common symptom of poisoning by copper is *Jaundice.*

ANTIDOTES. — *White of egg,* followed by mucilaginous drinks, milk, wheaten-flour, &c. *Sugared* water is recommended. *Iron-filings in gum-water* is a very efficient remedy. *Animal charcoal* should be given immediately after partaking of the copper.

TESTS. — *Ammonia* gives a *blue* precipitate; an *excess* of *Ammonia* will give a *rich blue* color. A bright *iron bar* introduced into a solution of copper and ammonia will occasion a separation of the copper in a metallic state, *which deposits itself on the iron.*

Prussic Acid. *Oil of bitter almonds. Laurel-water.* SYMPTOMS. — Nausea, giddiness, *prostration,* hurried pulse; *weight* and pain in the head; eructations having the odor of peach-kernel; spasms, tetanus; contracted pupils; convulsions; death.

ANTIDOTES. — *Ammonia* not concentrated. *Brandy;* a solution of *Chlorine; cold douches over the chest and head. Electricity;* the *vapor of ammonia.*

TESTS. — *Nitrate of Silver* gives a *white* precipitate; Salts of *Iron,* a *blue.*

Acids. *Acetic, Citric, Muriatic, Sulphuric, Tartaric, Oxalic.* SYMPTOMS. — Sour acrid taste; burning in the throat, increased by pressure, by swallowing or coughing. *Excruciating pain in the stomach;* excoriation of the parts touched. *The matter vomited effervesces if mixed with Carbonate of Lime.* The countenance is glazed; extremities cold and clammy; death.

ANTIDOTES. — The *Carbonates of Soda, Potassa, Lime,* and *Magnesia,* may be used indiscriminately for *Acetic, Citric, Muriatic, Sulphuric,* and *Tartaric* Acids. For *Nitric* and *Oxalic Acids,* the *Carbonates of Magnesia* and *Lime only can be employed with safety.* In the case of *Sulphuric Acid, water should not be drunk,* for it creates too much heat.

TESTS. — Baryta will throw a *white* precipitate when united with *Sulphuric Acid. Nitrate of Silver* does the same with *Muriatic Acid. Copper* will induce *orange-colored fumes* when united with *Nitric Acid. Citric Acid blackens* when *heated. Lime-water* throws down a *white* precipitate when united with *Tartaric Acid* and *Oxalic Acid.* Litmus-paper turns red when dipped in solutions containing acids.

Alkalies *and their salts. Ammonia, Potassa, Caustic Potash, and Liq. Potassæ, Carbonate of Potassa* (Pearl-ash), *Salt of Tartar, Nitrate of Potassa* (Saltpetre), *Sulphuret of Potassa* (Liver of Sulphur), *Soda.*

SYMPTOMS. — Violent *caustic, acrid taste; great heat in the throat,* with destruction of the lining membrane; difficult and painful deglutition; vomiting of bloody matter, which turns the yellow of *Turmeric* into a bluish brown; acute pain in the stomach, cold sweats, weakness, hiccough, violent colic pains, with purging of bloody stools, and membranous flakes; death.

ANTIDOTES. — The *vegetable acids; Vinegar, lemon-juice, Citric* and *Tartaric* in solution. The fixed oils, as *Castor, Linseed, Sweet-almond, Olive,* form soap with the free alkalies, and destroy their caustic effect.

TESTS. — *Turmeric* paper becomes bluish when dipped in alkaline solutions. *Carbonates of the Alkalies* are known by their *effervescence* with an acid.

Lead. *Acetate of Lead, Sugar of Lead, Carbonate of*

Lead, White Lead, Water kept in lead vessels, Acid food cooked and left in lead vessels. SYMPTOMS. — Similar to other irritant poisons; but *constipation is present instead of diarrhœa.* Spasms of the *alimentary canal. Painter's colic.* Complete paralysis; scanty urine; gloomy, anxious countenance; giddiness; torpor; coma; convulsions; death.

ANTIDOTES. — The *Sulphates of Soda* and *Magnesia* in solution, given freely. *Dilute Sulphuric Acid* is also recommended.

TESTS. — The *Sulphates* and *Carbonates* poured into soluble Salts of Lead will produce a *white precipitate; Iodide of Potassium,* a *yellow precipitate.*

Glass or **Enamel.** SYMPTOMS. — If taken in coarse powder, it produces irritation and inflammation of the bowels.

TREATMENT. — Large quantities of crumbs of bread should be eaten to envelope the particles. Then from ten to twenty grains of *Sulphate of Zinc* should be given to cause ejection of the whole.

Chloroform, Sulphuric Ether. TREATMENT. — Artificial respiration; alternate pressure on the chest and abdomen; fresh air; galvanism, inhalation of the vapor of ammonia; brandy; cold douche on the spine.

VEGETABLE POISONS.

Irritants. *Bryonia, Croton-Oil, Colocynth, Cubebs, Phytolacca, Poke, Pulsatilla,* &c. SYMPTOMS. — Acrid, pungent taste; heat and dryness of the mouth and throat; violent and continued vomiting; purging with great pain in stomach and bowels; pulse strong and frequent; quick or difficult breathing; tightness of the throat; appearance of intoxication; pupil often dilated; insensibility; pulse becomes slow, and death follows.

If applied externally, many of them produce inflammation, eruption and vesication (blistering) of the skin.

TREATMENT. — Vomiting by warm water, or *Zinc Sulphate:* follow it up by a purgative. When the poison is thrown off, give strong *coffee*, or *vinegar* and water. When insensibility occurs, give *camphor*, and make brisk frictions over the body. *Animal charcoal* should be given immediately after partaking of the poison, as it *antidotes* the alkaloids.

Bromine, Chlorine, Iodine, are also said to be antidotes.

Acro-Narcotics. *Aconite* (Monkshood), *Belladonna* (Nightshade), *Brucea* (Ang. bark), *Ipecac, Cicuta* (Water-Hem lock), *Colchicum, Conium* (Spotted-Hemlock), *Stramonium* (Thorn-apple), *Digitalis* (Foxglove), *Helleborus, Camphor Lobelia, Tobacco, Rhus* (Sumach), *Ignatia, Secale* (Ergot), *Nux Vomica, Veratrum*, &c. SYMPTOMS. — Similar to the irritants; but this class are particularly attended with *violent delirium* and *incoherence.*

TREATMENT. — Vomiting, as in the irritants. *Cannabis Indica* is recommended as a sedative; it may be given by drop doses after the stomach is free. *Animal charcoal* is very efficient. *Tannin* is also recommended. *Bromine, Chlorine*, and *Iodine* are considered *antidotes.*

Narcotics. *Hyoscyamus* (Henbane), *Opium, Laudanum, Paregoric, Poppy, Cherry Laurel*, &c. SYMPTOMS. — Taken internally, or applied to a wound: *stupor, numbness;* heaviness in the head; desire to vomit; a sort of *intoxication;* stupid appearance; pupil *dilated;* delirium; convulsions of different parts of the body; palsy of the limbs; pulse variable; breathing quick; anxiety, dejection, death.

TREATMENT. — The poison should be removed by the stomach-pump, and vomiting excited by means of emetics

Give large injections of soap and water, or salt and water, and then an active purgative. After the emetic has ejected the poison from the stomach, give a *teacupful of strong hot coffee.* Keep the patient aroused; do not allow him to sleep; walk him. Dash cold water on his spine, on the genitals, on the head.

Bromine, Chlorine, and *Iodine* are said to be antidotes to the alkaloids.

POISONOUS MUSHROOMS.

SYMPTOMS. — *Nausea, heat, pain in the stomach and bowels,* with vomiting and purging; thirst, *convulsions,* fainting; pulse small and frequent; delirium; dilated pupil and stupor; cold sweats and death.

Poisonous Mushrooms grow in wet, shady places; have a nauseous odor; are softer, more open, and porous than the wholesome kind; have a dirty-looking, sometimes a gaudy surface; they have soft bulbous stocks, grow rapidly, and corrupt very quickly.

TREATMENT. — Vomit with *Tartar Emetic;* follow it up by frequent doses of *Glauber's Salt,* and large stimulating injections. After the stomach is evacuated, give small quantities of brandy and water.

POISONOUS FISH.

SYMPTOMS. — Shortly after eating the fish, a weight at the stomach comes on, with vertigo, headache, heat about the head and eyes, much thirst, *an eruption of broad patches, urticaria on the skin, hives.*

TREATMENT. — From 10 *to* 20 *grains* of *Sulphate of Zinc* for an emetic, or promote vomiting by large draughts of

warm water. For the *prostration*, brandy and water, ammonia, or *vinegar and water*. If spasms come on, *Laudanum, five-drop dose.*

Subsequent inflammations or disorders should be treated by a competent physician.

PART IX.

MEDICINES.

PREPARATION AND ADMINISTRATION OF HOMŒOPATHIC MEDICINES.

HOMŒOPATHIC THEORIES AND INFINITESIMAL DIVISIBILITY OF MATTER.

THE homœopathic remedies are given in *tincture*, which is a solution of the drug in alcohol; in *trituration*, which is the drug triturated, or reduced to fine powder by rubbing, with a certain proportion of sugar of milk; in *globules*, which are made from sugar of milk and starch, and afterwards impregnated with the solution of the drugs, two or three drops of the solution being sufficient to medicate a two-drachm phial of globules. The globule is only used as a conveyer of medicine in an infinitesimal quantity: it constitutes a neat, convenient, reliable mode of administering homœopathic remedies, particularly to infants, who generally rebel against taking massive doses of nauseous drugs.

Potency is the term used to express the proportion of the original drug in the tinctures, dilutions, or triturations.

The *Mother-tincture* is the first proportion of a drug in solution, and is marked ϑ.

From the tinctures are made the *Dilutions*, as follows: ten drops of the tincture to ninety drops of alcohol make the first dilution on the decimal scale, and is marked 1.^{x}. One drop of the tincture to ninety-nine drops of alcohol makes the first dilution on the centesimal scale, and is marked 1.^{c}. From the 1st dilution is made the 2d; from the 2d, the 3d, and so on, adding to the number of drops the above said proportion of alcohol.

To *attenuate trituration*, the following method is adopted: Take of the drug ten grains, of sugar-of-milk ninety grains; triturate them together for a given time; this makes the 1st trituration, or attenuation, marked 1.^{x} or 1.^{c}, according as the proportion of the drug is on the decimal or centesimal scale. The 2d, 3d, &c., are a continuation of the same system as spoken of in diluting medicine.

The theory that the infinitesimal division of the particles or atoms, and the attrition caused by the shaking of the bottles containing the particles in solution, and the triturating process, evolves a stronger *dynamic* force to the drugs, has led men to spend their lives in preparing dilutions and triturations, and they have gone so far as to make the 40,000th dilution of one remedy.

The homœopath claims that dynamisation, or the unlimited division of particles, evolves a latent force which is withheld by the cohesion of particles or atoms within substances in massive form. For example: suppose a piece of iron one inch square; within that cubic inch of iron there are many particles which could not be acted on by an external agent, and which could exercise no chemical or therapeutical effect on surrounding matter. But if that square inch of solid iron is divided into a million of particles, each particle having a surface, there will be a million of surfaces to act, or be acted on, instead of one, as in the case of the primitive cubic inch of iron, which, although much larger than the subdivided ones, must be infinitely smaller than the aggregate area of the million of surfaces spoken of. To further illustrate this, suppose the cubic inch to be a mass of gold. Six square inches would be its surface, yet the gold-beater could roll it into a leaf whose area of surface would probably amount to hundreds of square feet; and the leaf itself having two surfaces, even this immense area would be doubled. In this way, a substance which is almost inert in a massive dose may become powerful and

efficient in small doses of divided atoms. Beside this latent force thus obtained by the division of matter into infinitesimal small atoms, the homœopath claims that there is another force evolved by the attrition between the atoms, caused by the rubbing of them together in the act of trituration, or by the shaking of the bottle containing many particles in a fluid form. As electricity and heat is a force often evolved by attrition, so it is claimed that the inherent power of drugs may be evolved by the attrition of the particles.

The indefinite division of matter has been and is now a subject of contention among scientific men: some maintain that matter is divisible only to a certain point, others to an indefinite degree. Materialists, whose name is legion among scientific men, declare that matter is lost and totally ineffective when it can no longer be discovered by chemical tests. This reasoning is quite illogical; for who could be convinced of the non-existence of prussic acid in a gallon of water in which one has dropped a drop, by the argument that it could not be traced by chemical tests? And is not this very inability to discover it rather a proof that that drop has subdivided itself in such small atoms as to be beyond the present power of chemistry? And, if the atom is so reduced in size as not to give evidence of its presence when acted on by chemical tests, is that to be taken as a proof that it is not of sufficient size to affect the human organism, so infinitely more susceptible than inorganic matter? How large is the size of an atom of the virus of the small-pox that communicates such virulent disease to man? Has any chemist or philosopher been able to define its size? No. The chemists and professors of the Academy of Paris have caused fifty of the worst cases of confluent small-pox to be collected in one room; then every window and door was shut. When the atmosphere was well impregnated with the poison, they brought enormous glass jars, in which they collected that foul atmos-

phere; then they applied all known scientific tests to discover an atom which they could proclaim as the virus, or the poison: but they were sadly defeated. Nothing, absolutely nothing, was found. Yet take one of those materialists who believe only in the bulk of matter, hand him a letter that has been touched by a small-pox patient, and he will drop it as if terrified at the contagion it might convey. Is this not a contradiction? If God in his wisdom has willed it that matter, so refined in size as to be inappreciable to the senses, should be so violent in its physiological effects, is it illogical to suppose that he willed it also that matter in the same refined state should exert a curative effect on the human organism?

To prove further the infinite divisibility of matter and the immense power of an inconceivably small atom, I offer here a test, which I am very fond of exhibiting. It is well known that nitric acid pure will burn up iron almost as readily as fire does wood. Yet take a cup full of nitric acid on the edge of the cup hold with the left hand a leaf of platinum; with the other hand take an iron bar, a knitting-needle if you choose; glide it by the platinum, so as to just touch it while lowering the iron into the nitric acid, — and that fearfully destructive agent will be rendered inert, and the iron enjoy its bath without injury. This experiment can be carried further. When the iron bar is in the nitric acid, and there remains unaffected, the platinum can be removed, and another iron bar introduced into the acid, taking care, however, to glide it by the first bar, and gently touch it in immersion; then add another, and many more bars, in the same way; and one and all will remain unattacked by the acid. Now, I ask, how much platinum has been conveyed to the first bar that protected it so well? And, as it can be proved that that operation can be done a thousand times without diminishing the size and weight of the platinum, can any one tell of the size

and weight of that atom? Moreover, that atom, so inconceivable in size, must have subdivided itself into as many atoms as there were atoms of iron, else those atoms which had not received some of its property would have been burnt by the acid. And as there were millions of atoms of iron, when compared to the inconceivably small loss of the platinum in the acid, how large was the final atom of platinum that had, nevertheless, sufficient size and power to protect each atom of iron? This experiment proves, not only the infinitesimal division of matter, but the power of an infinitesimal small atom on a surrounding agent. Some may prefer to call that the *property* of the platinum, thus conveyed to the iron, instead of an atom of matter, as I call it; but that is only a question of names, which does not change the fact and the result. If this is possible with inorganic matter, why could it not be so with an organized being, which, by its nervous system, is so much the more susceptible?

I will not trouble the reader any further with arguments to prove that matter can be effective in therapeutics, or as a healing agent, even if given in infinitesimally small doses; for experience has already proved it beyond any doubt. But I may repeat the words of Hahnemann to those who are sceptical of every thing they cannot explain: "This is not one of those propositions which can be comprehended, nor do I ask that it should be blindly credited. I do not comprehend it either; but the truth is as I have stated. This is a matter of *experience*, in which I have more confidence than in my own comprehension."

From the theory of *dynamic force*, thus evolved by division and attrition of the atoms of the drugs, sprung the practices of *high* and *low* dilutions; low dilutions representing those made from the crude drug to the 6th dilution, or attenuation; and high dilutions, those made from the 6th upwards. These conventional terms express only the proportion of the drug to the number of dilutions, or attenua-

tions, or the greater or lesser sub-division of the particles, and have attached the name of "*high dilutionist*" or "*low dilutionist*" to the physician, who, in his practice, makes an exclusive use of high or low dilutions.

This immense range of dilutions is still a vexed question amongst homœopathic practitioners.

Hahnemann commenced as a *low dilutionist;* that is, he gave medicines, which, although in infinitesimal quantity when compared to the old system, had perceptible bulk and taste. When convinced that such a small quantity of a drug would produce great salutary effects, he continued in his experiments by reducing even those doses to a smaller scale, or sub-dividing still further the particles; diluting and attenuating as above described. His earnest and philosophical researches were rewarded by the discovery that disease would often yield to a very attenuated dose, as the 12th and 30th, when it would not yield to a stronger one, as the tincture, the first or second; and *vice versâ.*

As he rose to the 30th, quantity seemed almost to have disappeared as a property of the drug; and here commenced that beautiful reasoning of *dynamic forces* that has made millions of disciples. Experience taught him that he was right; and although ridicule assailed him from every corner of the earth, and persecution drove him from home and country, his theory and practice gained adherents, and is now the orthodox faith of millions of the most enlightened people in the world.

This question of attenuation and dynamic force is of such magnitude, that it may take centuries before the practitioners of homœopathy can settle upon a certain degree of attenuation that will be accepted by all as the recognized quantity that will produce the most salutary effects. It probably will never be settled; for the medicinal effects must depend upon the various constitutions, susceptibility of the patients, upon the effect of climates, seasons, habits, age,

&c. Experience only can teach us that which must vary with different patients.

This difficulty, fortunately, does not essentially affect the practice of homœopathy; for it is known and undisputed among homœopathic physicians, that drugs given according to the law of "similia similibus curantur," in an *indefinite* small dose, will produce more curative results than the massive doses of the old school under the principle of "contraria contrariis curantur."

The law of "similia similibus curantur" imposes also the necessity of the small dose for the following reason:—

If a man takes thirty drops of the tincture of Belladonna, and in consequence of it is taken with a rush of blood to the head, congestion of the eyes, swelling of the face, &c., it would not take a man of much learning to understand, that, if the same person is taken with the above symptoms from other causes than the use of Belladonna, thirty drops of the tincture of Belladonna administered to him would greatly aggravate the symptoms. But, as we know by experience that Belladonna will cure such a case, the question arises, *what dose* of Belladonna would do so. Let us try one drop: we find that one drop aggravates the case. Let us try the one hundredth part of a drop; if this also aggravates the case, let us try the one thousandth, and so on until we find the potency that will cure. This will explain the necessity of small doses, comparatively speaking, in homœopathy; how small, only experience in the various doses, modified, as they must be, by temperaments, &c., can teach us.

This will explain, also, the fact, so often ridiculed by "ignoramuses," that a child can swallow *while in perfect health* a phial full of medicated homœopathic globules without injury to itself. They say, "If it cannot hurt, it cannot cure." They forget that those globules contain only one drop or two of a diluted medicine, which would be

curative in a diseased system, but which could have no poisonous effects on a healthy organization.

DOSE.

The average dose which we recommend in domestic practice is the following: —

The *attenuations* and *dilutions* from the 3d to the 6th. In cases treated of in this book, where I think higher or lower attenuations requisite, I suggest it in the proper place; that is, in the treatment of particular diseases or symptoms.

For an infant under two years of age, two globules of the above-mentioned attenuations will be sufficient.

For a child from two to ten, four globules.

For older persons, six globules.

When the medicines are administered in solution: —

For an infant under two years of age, put one drop of the medicine into ten teaspoonfuls of water, and give one teaspoonful for a dose.

For a child from two to ten, four drops; dose the same.

For older persons, six drops; dose the same.

Triturations, or medicines used in powder-form: —

For an infant under two years of age, as much as the size of a small pea.

For a child from two to ten, as much as the size of a medium sized pea.

For older persons, as much as the size of a large pea.

REPETITION OF THE DOSE.

In the "Theory and Practice" of Drs. Marcy and Hunt, the following acceptable rules are found: —

"In violent and dangerous acute diseases, like cholera, asphyxia, croup, diphtheria, convulsions, inflammation of the brain, lungs, or stomach, &c., the remedies should be repeated as often as every *fifteen, twenty,* or *thirty minutes,* until an *aggravation,* or a perceptible *amelioration,* of the symptoms is apparent; when the medicines should be given further apart, or omitted as long as the amendment continues. If new symptoms appear, or the old ones are only partially alleviated, a more *appropriate* remedy should be selected, according to the symptoms then present.

"In less urgent cases of acute diseases, it will be sufficient to repeat the remedy *every four, six, or eight hours,* until an *aggravation* occurs, or an *amelioration* of the symptoms, which points towards a cure."

A medicinal *aggravation* is always followed by an *amelioration* of the symptoms; thus, if, soon after taking a medicine, the symptoms become aggravated, wait for two or three hours, according to the intensity of the case, until the patient appears better; if the amelioration continues, you need not give another dose; if only temporary, resume the remedy in a weaker form; but, if the patient gets worse after each dose, change the remedy for one more suitable to the case.

"In *chronic maladies,* the remedy may be repeated once in *twelve* or *twenty-four hours,* until an impression is perceptible." When an amendment is obtained from a dose, it is better to wait and see if that amendment continues before giving another.

If one single remedy is not found that covers all the symptoms, another one should be selected that contains the rest of the symptoms; and the two may be given in *alternation.* This is especially necessary in *acute diseases.* If a remedy produces certain curative results, but other symptoms remain unaffected, the remedy should be changed for another more appropriate.

REMEDIES.

In making up cases of the medicines that are to accompany this book, the homœopathic pharmacist may put up such potencies as the buyer prefers, although the author would suggest that a box for general use in a family should contain remedies of the **3d** dilution, or trituration. In regard to those remedies the potency of which is indicated, the pharmacist may duplicate them; e.g., a vial of **Sulphur, 3d,** and one of the **30th,** or the **200th,** as the case may be.

COMPLETE LIST

OF THE HOMŒOPATHIC REMEDIES USED IN THIS BOOK.

A

Aconite,
Agnus Castus,
Aloes,
Allium Sat.,
Aluminum,
Antimonium Crudum,
Apis Mel.,
Arsenicum,
Arnica,
Assafœtida,
Æsculus Hypocastanum.

B

Baryta Carb.,
Belladonna,
Borax,
Bromine,
Bryonia.

C

Cactus Grandiflora,
Calcarea Carb.
Cannabis Sat.,
Calendula,
Camphora,
Cantharis,
Causticum,
Carbo Veg.,
Chamomilla,
Chelidonicum Majus,
China,
Chininum Sulph. Dulcis,
Cicuta,
Cimicifuga,
Cina,
Coffea,
Colchicum,
Colocynth,
Collinsonia,
Conium Mac.,
Coralia Rubra.,
Cuprum Acet.,
Cuprum Met.,
Cyclamen.

D

Digitalis,
Drosera,
Dulcamara.

E

Euphrasia.

F
Ferrum Met.,
Ferrum Acet.

G
Gelseminum,
Glonoine,
Graphites.

H
Hamamelis,
Helleborus Nig.,
Hepar Sulph.,
Hyoscyamus.

I
Ignatia,
Iodine,
Ipecacuanha,
Iris Vers.

K
Kali Carbonicum,
Kali Hydriodicum,
Kali Bichromicum,
Kreasotum.

L
Lachesis,
Ledum Pal.,
Lycopodium.

M
Mephitis,
Mercurius Solubilis,
Mercurius Corrosivus,
Mercurius Vivus,
Mercurius Protiodide,
Muriatic Acid,
Moscus.

N
Nitric Acid,
Nux Vomica.

O
Opium.

P
Phosphorus,
Phosphoric Acid,
Platinum,
Plumbum,
Podophillum,
Pulsatilla.

R
Rheum,
Rhus Tox.

S
Sabina,
Sambucus,
Sanguinaria,
Santonine,
Sarracenia,
Senega,
Secale,
Sepia,
Silicea,
Spigelia,
Spongia,
Staphisagria,
Stramonium,
Sulphur,
Sulphuric Acid.

T
Tabacum,
Tripolium Infœna.

V
Veratrum Album,
Veratrum Viride.
Viola Tricolor,

MOTHER'S LIST.

REMEDIES FOR THE DISEASES PECULIAR TO THE MOTHER

Aconite,
Agnus Castus,
Aloes,
Aluminum,
Apis Met.,
Arnica,
Arsenicum,
Assafœtida,
Æsculus Hypocastanum.
Belladonna,
Borax,
Bryonia.
Cactus Grand.,
Calcarea Carb.,
Camphora,

Cannabis Sat.,
Cantharis,
Causticum,
China,
Cicuta,
Cimicifuga,
Coffea,
Collinsonia
Conium,
Cuprum,
Cyclamen.

Digitalis,
Drosera,
Dulcamara.

Ferrum Acet
Ferrum Met.

Gelseminum,
Glonoine.

Hamamelis,
Hepar Sulph.,
Hyoscyamus.

Ignatia,
Iodine,
Ipecacuanha
Iris Vers.

Kali Carb.,
Kali Hydriodicum,
Kreasotum.

Lycopodium.

Mercurius Sol.
Mercurius Corr.
Moscus.

Nitric Acid
Nux V.

Opium.

Phosphorus,
Phosphoric Acid
Platina,
Plumbum,
Podophillum,
Pulsatilla.

Rhus Tox.

Sabina,
Sanguinaria,
Secale,
Sepia,
Spigelia,
Staphisagria,
Sulphur,
Sulphuric Acid

Tabacum.

Veratrum Album
Veratrum Viride

INFANT'S LIST

REMEDIES FOR DISEASES PECULIAR TO THE CHILD

Aconite,
Aloes,
Allium Sat.,
Antimonium Crudum,
Arnica,
Apis Mel.,
Arsenicum.

Baryta Carb.,
Belladonna,
Borax,
Bromine,
Bryonia,

Calcarea Carb.,
Calendula,
Cantharis,
Carbo. Veg.,
Chamomilla,
Chelidonium Majus,
China,
Cina,

Coffea,
Colchicum,
Colocynth,
Coralia Rubra,
Cuprum Acet.,
Cuprum Met.,

Drosera,
Dulcamara.

Euphrasia.

Graphites.	Mercurius Sol.,	Sambucus,
	Mercurius Viv.,	Santonine,
Helleborus Nig.,	Mercurius Prot.,	Sarracenia,
Hepar Sulph.,	Muriatic Acid.	Senega,
Hyoscyamus.		Sepia,
	Nux Vomica.	Silicea,
Ignatia,		Spigelia,
Ipecacuanha.	Opium.	Spongia,
		Stramonium,
Kali Hydriodicum,	Phosphorus,	Sulphur,
Kali Bichromicum.	Phosphoric Acid,	Sulphuric Acid.
	Platinum,	
Lachesis,	Pulsatilla.	Tripolium Inpcna.
Ledum,		
Lycopodium.	Rheum,	Veratrum Album,
	Rhus.	Viola Tricolor.
Mephitis,		

SPECIAL LIST.

REMEDIES, THE PARTICULAR POTENCY OF WHICH IS IN SOME CASES RECOMMENDED IN THE BOOK.

Aconite, ϴ.	Coralia Rubra, 30th.
Æsculus Hyp., ϴ.	China Off., ϴ.
Agnus Castus, ϴ.	Chininum Sulph. Dulcis.
Aluminum, 30th.	Digitalis, 1st.
Apis Mel., 200th.	Ferrum Carb., 1st trit.
Arnica, ϴ.	Ferrum Acet., 1st trit.
Arsenicum, 30th, 200th.	Gelseminum, ϴ.
Assafœtida, ϴ.	Hamamelis, ϴ.
Baryta Carb., 12th.	Iodine, 30th.
Bromine, 1st.	Ipecacuanha, ϴ.
Calcarea Carb., 30th, 200th.	Kali Bichromicum, 1st trit.
Calendula, ϴ.	Kali Hydriodicum, 1st trit.
Camphora, ϴ.	Mercurius, 30th.
Carbo. Veg., 30th.	Mercurius Prot., 1st trit.
Chelidonium Maj., 6th.	Nux Vom., 30th.

Opium, 30th.
Pulsatilla, 30th.
Secale Corn., ϑ.
Sepia, 30th.
Silicea, 30th.
Platina, 30th.
Sabina, ϑ.
Sulphur, 30th, 200th.
Veratrum Viride, ϑ.

EXTRA LIST.

REMEDIES WHICH, ALTHOUGH RECOMMENDED BY ALLOPATHIC AUTHORITIES, ARE MENTIONED IN THIS WORK, AND CAN BE OBTAINED FROM THE COMMON PHARMACIES.

Adhesive Plaster.
Alum.
Ammonia, Aromatic Spirit of.
Arnica Plaster.
Benzoic Acid.
Borax.
Cerium.
Chamomile Flowers.
Chloroform.
Colomba.
Court Plaster.
Flax-Seed Meal.
Hydrocianic Acid, Off. Prep.
Glycerine.
Ox-Gall.
Poppy-Heads.
Ricini Communis.
Marsh-Mallow.
Tannin.

PART X.

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